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BURGH OF PAISLEY



REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1966

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*TO THE SECRETARY OF STATE FOR SCOTLAND, and
THE PROVOST, MAGISTRATES AND COUNCILLORS OF THE BURGH OF PAISLEY.*

The health of Paisley is good. That is the conclusion which can be drawn from the statistics of 1966. With few exceptions the improvements noted during 1965 were continued throughout 1966 and this was especially noticeable in the field of tuberculosis. The number of notified cases of pulmonary tuberculosis was the second lowest on record and substantially reduced compared with the previous year. The cases of non-pulmonary tuberculosis notified were the lowest recorded. This is most encouraging and it is now possible to consider a programme which will result in complete elimination of tuberculosis from the community.

The remaining infectious diseases were reduced to levels at which they ceased to be of importance and much of the credit for this must go to the intensive programmes of immunisation which were carried out during 1966 and the preceding years.

An outbreak of smallpox in the Midlands in the early part of 1966 caused some concern and supervision of contacts and immunisation of susceptible people was required. These precautions threw a large amount of extra work on all the members of the staff, but in the event no case of smallpox occurred in Paisley and the work was therefore justified.

The older members of the community continue to receive special attention, and during the year an X-ray Survey of senior citizens was carried out in the town with much success. Despite inclement weather a large number of elderly persons were x-rayed and the results showed that the incidence of probably active pulmonary tuberculosis was appreciably lower than might have been expected from recent recorded incidences in the older age groups. The Survey was carried out with the co-operation and help of the Old Peoples Clubs in Paisley and thanks are due to them for their assistance.

The Geriatric Clinics have proved most valuable and acceptable to the elderly and they are being introduced into each of the Local Authority Clinics in the town. The work carried out in these Clinics has resulted in better care for the elderly and has avoided hospital admission of a number where this would certainly have come to pass had it not been for the Clinics. We were fortunate in having the enthusiasm and full co-operation of Dr. J. L. C. Dall, the Consultant Physician to the Geriatric Unit, because without his help and advice the Clinics would not have been possible.

Special mention must be made of the Domiciliary Midwifery Service. 254 babies were delivered by the Midwives in 1966 with only two stillbirths, and no maternal deaths. This represents the highest possible standard of care and it is still true to say that, wherever circumstances are normal, it is safer for a mother to have her baby at home than in hospital. In addition the Midwifery Service undertook the supervision of 462 women who had been dismissed home at an early date from hospital after delivery of their babies. This work demands a high standard of technique, and the fact that no case of infection or illness occurred in these women says a great deal for the Service.

Infestation of the hair in children attending certain schools has proved troublesome. The problem has been to some extent controlled by an intensive programme of

supervision and cleansing, but consideration will have to be given to the construction of school hygiene units before a permanent solution can be found.

From the 7th of February to the 5th of March a Campaign directed against accidental poisoning in the home was carried out jointly by Paisley Home Safety Committee, the local Chemists and the Public Health Department. The public were invited to look in their cupboards and see if any old or disused medicines were lying there and if so, either to destroy them or hand them in to their local Chemists. The Campaign made a considerable impact and a large number of tablets and pills were handed in. These medicines had been lying unused for varying periods and were a distinct source of danger to children.

A further extension of the control of atmospheric pollution took place in the Thornly Park and Lochfield areas of the town. The day is not far distant when the whole town will be completely free from pollution of its own making, When this happens it will be a major achievement in Public Health.

The Health Department has been used to an increasing extent by a variety of Organisations for the training of staff, thus emphasising the high regard in which it is held. The Eastern Regional Hospital Board have seconded a student for training in Administration and the University of Strathclyde placed a psychiatric social worker for training in Mental Health. The University of Edinburgh have utilised the resources of the Department for their studies on Local Authority Services, and the National Survey of Health and Development have drawn on Paisley's experience. The new syllabus for the training of nurses has given an important place to Public Health and Community medicine, and in order to implement this an integrated programme of practical work and lectures has been drawn up in co-operation with the Royal Alexandra Infirmary School of Nursing. Paisley has also taken part in the National Child Development Survey.

The links between the Family Planning Clinic and the Local Authority Health Department have been further strengthened and cervical cytology has been actively carried out in these Clinics. Family Planning is being incorporated in the activities of the local Health Clinics and will assume greater importance in the near future.

An important development during the year was the decision to adapt Arkleston House as a Day Care Centre for handicapped children. This type of Centre has been needed for a long time in Paisley and it will form a nucleus of a complete establishment for handicapped persons. The present Occupation Centres are badly overcrowded and purpose-built units are urgently required. They could be easily accommodated in the grounds surrounding the House. Discussions have taken place with the staff of the Mental Hospitals to investigate the possibility of residential Homes for mentally ill persons being provided, and they too could be easily set up within the grounds of Arkleston House.

The application of computer science to medicine is assuming greater importance and selected staff of the Department have received training in this branch of science. Discussions have been held to decide how best these new techniques may be harnessed to local Health Authority work.

The White Paper 'Social Work and the Community' was issued during the year and

it has proposed certain far reaching alterations in the functions of Health and Welfare Departments. Many of the proposals made in the White Paper were undoubtedly an improvement on the arrangements in force at present, but some of the changes would radically alter the position and influence of the Health Department. The White Paper together with the setting up of a Royal Commission on Local Government in Scotland, caused a great deal of anxiety amongst Health and Welfare staff, who felt that their future position might be jeopardised in the development of the Health Services.

It is useful to assess at intervals the broad outline of Public Health and to note any changes which may have taken place. Comparison of the years 1958 and 1966 is interesting in that a reasonable span of time has elapsed and general tendencies can be observed.

	<u>1958</u>	<u>1966</u>
Stillbirths	24 per 1,000	14 per 1,000
Infant Mortality	29 per 1,000	24 per 1,000
Death Rate	12.3 per 1,000	11.9 per 1,000
Poliomyelitis	6 cases	Nil.
Ophthalmia Neonatorum	11 cases	Nil.
Scarlet Fever	95 cases	10 cases
Respiratory Tuberculosis	137 cases	41 cases
Non-respiratory Tuberculosis	5 cases	2 cases
 <u>Child Welfare Clinics</u>	 3,038 Children	 4,260 Children
	15,293 Attendances	22,816 Attendances
 <u>Day Nurseries</u>	 3	 4
	160 places	210 places
 <u>Chiropody</u>	 8,035 Treatments	 11,904 Treatments

Since 1958 the Health Department has offered to the community a variety of new Services including oral vaccination against poliomyelitis, Geriatric and Psychiatric Clinics, Early ascertainment of defect in children, Detection of phenylketonuria and diabetes, Cervical cytology, Improvement in the care of the Elderly, and Prevention of break-up of families. It has kept a register of all children in the town whomay be 'at risk' and has made available a Mothercraft and Homecraft Centre for the rehabilitation of problem families. In addition three Clinics in temporary accommodation have been replaced by modern Clinic buildings. Paisley was the first Local Authority in Scotland to carry out many of these functions and in so doing has given a lead to the rest of Scotland.

In general it can be said that the health of the town has greatly improved, and that in most respects the work of the Health Department has expanded substantially.

This Annual Report must close on a personal note. I give up my appointment as Medical Officer of Health shortly to take another appointment and thus terminate eight years happy association with Paisley. In that time the progress that has been made has been due in large part to the loyalty and enthusiasm of my staff and to the help which I have received from a succession of Conveners and Vice Conveners. Without

the complete and constant support of the Town Council all our efforts would have been in vain.

I have received unstinted help from the other Senior Officials of the town and from my professional and non-professional colleagues with whom I have had most cordial relations.

It has been a pleasure to work in the Health Department and to make some contribution to the improvement of the health of Paisley.

KENNEDY CAMPBELL,

Medical Officer of Health.

Public Health Department,
20 Back Sneddon Street,
PAISLEY, September, 1967.



Arkleston House Day Care Centre



Foxbar Clinic



Blackland Day Nursery

STAFF

Medical Officer of Health

Kennedy Campbell, M.A., M.D., LL.B., D.P.H., L.M.

Depute Medical Officer of Health

George A. Mills, M.B., Ch.B., D.P.H.

Assistant Medical Officers

Sylvia J. Strachan, M.D., B.Sc.
Evelyn J.W. Forbes, M.B., Ch.B.
Sheila M. O'Neill, M.B., Ch.B.
Margaret E.J. Leckie, M.B., Ch.B.
Grace N. Macfarlane, M.B., Ch.B.
Jean T. Ferguson, M.B., Ch.B.
Ann J. Gower, M.B., Ch.B.
Mary C. Kelly, M.B., Ch.B., B.A.O.
Brenda Parker, M.B., Ch.B., D.P.H.

Superintendent Health Visitor

Miss M. Smith

Health Visitors

Miss D. Arnott,	Mrs. M. Leonard,
Mrs. M. Fleming,	Miss M. Morrow,
Miss J. Frederick,	Miss R. MacDougall,
Miss M.L. Gardner,	Mrs. W. McHugh,
Mrs. R. Hall,	Miss A. Paterson,
Miss M. Hastings,	Mr. J. Spalding,
Miss A. Kemp,	Mrs. B. Stewart,
Mrs. G. Lawrie,	Miss I. Stuart.
Miss M. Leckie,	

School Nurses

Mrs. T. Devlin,	Miss F. Robertson,
Mrs. R. Jackson,	Mrs. M. Walker.

Non-Medical Supervisor of Midwives

Miss Morag Campbell

Midwives

Miss A.E. Aitken,
Miss A. Archibald,
Miss J. Baird,
Miss B. Dickson,
Miss I.S. Dingwall,
Mrs. S.C. Howie,

Miss M. McBain,
Miss B. McLellan,
Miss S. Robinson,
Mrs. M. Tavendale,
Mrs. A. Winning.

District Nurses

Superintendent - Post Vacant

Mrs. M. Beetham,
Mrs. C. Brown,
Mrs. H. Campbell,
Mrs. H. Eddie,
Mrs. M. Edgar,
Mrs. C. Galt,
Mrs. M. McCallum,

Mrs. S. McKenzie,
Mrs. A. McLellan,
Miss A. Purves,
Mrs. D. Ross,
Mrs. M.A. Stewart,
Mrs. V. Watson,

Dietitian

Miss B.L. McKenzie

Day Nurseries

Hugh Smiley,
Douglas Street,
Castle Street,
Blackland,

Matron,
Matron,
Matron,
Matron,

Miss M.C. Black.
Miss N. Brown.
Miss M.M. Morrison.
Mrs. M. McNeil.

Chapel House Residential Nursery

Matron, Miss Jessie Cameron

Domestic Help Service

Supervisor, Mrs. A. Rusk

Mothercraft Centre

Housemother - Mrs. A. Stewart.
Housemother - Mrs. M. MacFadyen.

Chiropody Service

Chief Chiropodist - Mr. A.I. Adams.
Senior Chiropodists - Miss A. Aitken.
Mrs. A. Crawford.
Miss G.C. Fraser.
Miss M. Hunter.
Mr. G.H.V. Thompson.

Mental Health Officers

Mr. Robert Roxburgh.
Mr. Stephen Millar.
Mr. Eric Mair.

Clerical Staff

Mr. G. Garrod, Chief Clerk
Miss N. Devlin, Administrative Clerkess

Mrs. M. Doherty,	Mrs. N. McCutcheon,
Mrs. D. Gibson,	Miss M. McGlinn.
Mrs. J. Gow,	Miss V. McKelvie,
Mrs. M. Hunter,	Mrs. H. Pearson,
Miss W. Hunter,	Mrs. M. Simpson,
Miss E. Kirkpatrick,	Mrs. L. Slater,
Miss I. Livingston,	Miss M. Tervit,
Mrs. I. Moffat,	Miss P. West.
Miss M. McCulloch,	

Chief Sanitary Inspector

Mr. John Innes, M.B.E.

Depute Chief Sanitary Inspector

Mr. Robert Gardner

Sanitary Inspectors

Mr. J. Roxburgh,	Mr. H. Kennedy,
Mr. H. Waddell,	Mr. W. King,
Mr. D.S. Cameron,	Mr. R. Munro,
Mr. J. Campbell,	Mr. W.B. Paton,
Mr. V.A. Coombes,	Mr. C. Souter.
Mr. L. Hughes,	

Apprentice Sanitary Inspectors

Mr. D.C. Bryant,	Mr. R.H. Vernon,
Mr. R.E. Carson,	Miss H. O'Neill.
Mr. E. Peter,	

Housing Inspectors

Mrs. J. Jeffrey,	Mrs. J. MacCorquodale,
Mrs. E. Mitchell,	Mrs. J. Waterston,
Mrs. M. McCallum,	

Clerical Staff

Miss I. Anderson,	Mr. D. Morning,
Miss M. Barclay,	

Rodent Officer

Mr. W. Melvin

Public Conveniences Supervisor

Mr. J. Vernal

Technical Assistant - Smoke Control

Mr. J. Armour

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VITAL STATISTICS

	<u>1965</u>	<u>1966</u>
Population at mid-year	96,228	95,800
Area of Burgh - Acres	6,369	6,369
Density of Population (persons per acre)	15.2	15.2
Birth Rate	20.2	18.9
Death Rate	12.0	11.9
Infant Mortality Rate (per 1,000 Live Births)	21	24
Neo-natal Mortality Rate (per 1,000 Live Births)	10	15
Still-Birth Rate (per 1,000 Total Births)	18	14
Maternal Mortality Rate (per 1,000 Total Births)	0.4	Nil.
Pulmonary Tuberculosis Death Rate	0.07	0.11
Cancer Death Rate	20.72	20.91

POPULATION

The population of the Burgh as estimated by the Registrar General at 30th June 1966, was 95,800 being a *decrease* of 428 from the mid-year estimate of 96,228 for 1965.

This estimated figure gives a population density of 15.2 per acre of the Burgh.

BIRTHSLive Births -

The total number of live births during 1966, corrected for 'transfer' was 1,814 (881 males and 933 females) of which 101 or 5.6% were illegitimate births. This figure gives a birth rate of 18.9 per 1,000 of the population compared with a rate of 20.2 in 1965.

The following table shows the birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1957 to 1966.

<u>Year</u>	<u>Paisley</u>	<u>Live Births</u> Rate per 1,000 of population	
		<u>Large Burghs</u>	<u>Scotland</u>
1957	19.7	20.3	19.0
1958	21.1	20.9	19.2
1959	20.0	20.3	19.1
1960	21.7	20.6	19.4
1961	21.5	21.0	19.5
1962	22.1	21.3	20.1
1963	21.1	20.6	19.7
1964	20.9	20.9	20.0
1965	20.2	20.1	19.3
1966	18.9	19.3	18.6

The natural increase for the years, i.e., the excess of births over deaths was 676 compared with 786 in 1965.

Still Births -

The number of still-births after correction for 'transfer' was twenty-six giving a rate of fourteen per 1,000 total births compared with a rate of eighteen in 1965.

The following table shows the still-birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1957 to 1966.

Still Births

Rate per 1,000 of all births

<u>Year</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1957	25	23	24
1958	24	25	23
1959	26	21	22
1960	24	22	22
1961	20	22	21
1962	26	21	20
1963	19	19	19
1964	29	20	18
1965	18	19	18
1966	14	18	16

Infant Mortality -

During 1966, there were forty-three deaths among children under 1 year of age as compared with forty-two in 1965. The infant mortality rate for the year was 24.0 per 1,000 live births and compares with the rate of 23 for Scotland, as a whole and 22 for the Large Burghs during the same period.

<u>Year</u>	<u>Infant Mortality Rate per 1,000 Live Births</u>	<u>Still-birth Rate per 1,000 Total Births</u>	<u>Neo-natal Mortality Rate per 1,000 Live Births</u>	<u>Perinatal Mortality Rate per 1,000 Total Births</u>	
				(a)	(b)
1961	24	20	18	37.6	38.6
1962	29	26	21	43.6	46.9
1963	25	19	14	31.3	32.7
1964	27	29	18	47.0	48.0
1965	21	18	10	26.8	27.8
1966	24	14	15	27.0	29.2

Neo-natal mortality refers to deaths under 1 month.

(a) - Still births plus deaths in first week of life.

(b) - Still births plus deaths under 1 month (28 days).

DEATHS OF CHILDREN UNDER 1 YEAR OF AGE

Rate per 1,000 of population

<u>Year</u>	<u>Number</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1957	55	29.1	30.3	28.5
1958	60	29.4	29.0	27.7
1959	74	38.2	28.7	28.3
1960	47	22.2	27.5	26.3
1961	50	24.0	25.0	26.0
1962	61	29.0	27.0	27.0
1963	50	25.0	28.0	26.0
1964	54	27.0	24.0	24.0
1965	42	21.0	23.0	23.0
1966	43	24.0	22.0	23.0

DEATHS UNDER 1 YEAR

Prematurity	...	...	...	...	9	
Congenital Abnormalities	...	...	...	...	11	(1 Cerebral Birth Trauma. Atelectasis of Lungs. Meningomyelocele. (1 Transposition of Great Vessels. Haemorrhages in Lungs. Kidneys and Arachnoid Areas of Brain. (1 Septicaemia 2 months. Pyonephrosis. Congenital Posterior Urethral Valves. (1 Atelectasis of Lungs 2 days. Congenital Hydrocephalus. (1 Congenital Toxo Plasmosis. Prematurity. (1 Congenital Heart Disease (Gross Septal Defect). Multiple Congenital Anomalies. (2 Atelectasis Prematurity. Patent Ductus Arteriosus and Foramen Ovale. (1 Anencephaly (1 Atelectasis Prematurity. Large and Patent Ductus Arteriosus. (1 Meningitis. Myelomeningocele.
Miscellaneous	...	...	...	...	22	(4 Asphyxia. (1 Pulmonary Haemorrhage. Asphyxia. (1 Broncho Pneumonia. Uraemia. (2 Gastro Enteritis. (1 Cerebral Haemorrhage. Hypoxia after Birth. Possible Pulmonary haemorrhage. (1 Bronchitis (1 Broncho Pneumonia Atelectasis of Lungs. (4 Broncho Pneumonia. (1 Whooping Cough. (1 Intraventricular Haemorrhage. Adrenal Haemorrhage. Ideopathic Respiratory Distress. Prematurity. (1 Intra uterine Pneumonia from Birth. Intracerebral Haemorrhage from Birth. (1 Acute Respiratory Infection. (1 Acute Pyelonephritis. (1 Pulmonary Atelectasis. Erythroblastosis Foetalis. (1 Foetal Exsanguination. Haemopericardium.

DEATHS UNDER 1 YEAR

5.

		PLACE OF BIRTH											
		Born at Home				Born in Hospital							
		Domiciliary Midwifery Service		Not Domiciliary Midwifery Service		Thornhill Hospital		Ross Hospital		Queen Mother's Hospital		St. Francis Nursing Home	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 Week	...	..	..	..	..	11	11	..	1	..	..	..	12
1 - 2 Weeks	...	..	..	..	..	2	..	..	..	..	..	2	..
2 - 3 Weeks	...	..	..	..	..	..	..	..	..	..	..	..	..
3 - 4 Weeks	...	..	..	..	..	2	..	..	..	..	..	2	..
4 Weeks - 3 months	..	..	..	..	..	4	1	..	..	..	..	4	1
3 - 6 Months	...	3	..	..	..	1	1	1	..	..	..	5	1
6 - 9 Months	...	..	..	..	..	1	..	..	..	..	..	1	..
9 - 12 Months	...	1	..	..	..	2	..	..	..	..	..	3	..
Total	...	4	..	..	..	23	13	1	1	..	..	28	14
STILL BIRTHS	...	1	1	1	..	7	12	..	1	..	2	10	16

	Number of Deaths		Death Rate per 1,000 Live Births
	Male	Female	
Under 1 Week	11	12	12.7
1 - 2 Weeks	2	-	1.1
2 - 3 Weeks	2	-	1.1
3 - 4 Weeks	-	-	-
4 Weeks - 3 Months	4	1	2.8
3 Months - 6 Months	5	1	3.3
6 Months - 9 Months	1	-	0.5
9 Months - 12 Months	3	-	1.6
<i>Total</i> ...	28	14	23.1

MARRIAGES

During 1966, there were 788 marriages within the Burgh. This is equivalent to a rate of 8.2 per 1,000 of population.

For comparative purposes the following table is submitted ..

<u>Year</u>	<u>Number</u>	<u>Rate per 1,000 of population</u>
1957	825	8.6
1958	792	8.2
1959	766	7.9
1960	751	7.7
1961	793	8.2
1962	795	8.2
1963	767	7.9
1964	779	8.1
1965	778	8.1
1966	788	8.2

DEATHS

General ..

There were 1,138 deaths (554 males and 584 females) from all causes during 1966 compared with 1,153 deaths (602 males and 551 females) in 1965. The death rate for 1966 was 11.9 per 1,000 of population. The death rate in 1966 for the Large Burghs was 11.8 and for Scotland 12.3.

A synopsis of the Vital Statistics for the Years 1965-66 is shown below.

POPULATION AND AREA -						1965	1966
Population, estimated at 30th June ..	...	...	...	...	...	96,288	95,800
Area of Burgh in Acres ...	...	...	...	...	...	6,369	6,369
Density of Population per Acre ..	...	...	...	...	...	15.2	15.2
BIRTHS -							
Total Live Births (including illegitimate Births) ..	...	...	...	...	...	1,939	1,814
				Males ..	...	1,000	881
				Females ..	...	939	933
Birth Rate per 1,000 of population ..	...	...	...	Paisley ...	...	20.2	18.9
				Scotland ...	...	19.3	18.6
				Large Burghs	...	20.1	19.3
Total Illegitimate Births ...	...	...	...	...	...	103	101
Illegitimate Birth Rate per 100 Live Births ...	...	...	...	Paisley ...	...	5.3	5.6
				Scotland ...	...	5.8	6.4
				Large Burghs	...	5.3	5.6
Total Still Births ...	...	...	...	...	...	36	26
Still Birth Rate per 1 000 all births ..	...	...	...	Paisley ...	...	18	14
				Scotland ...	...	18	16
				Large Burghs	...	19	18
DEATHS -							
Total Deaths - All Causes ...	...	...	...	...	...	1 153	1,138
Death Rate per 1,000 of population ..	...	...	...	Paisley ...	...	12.0	11.9
				Scotland ...	...	12.1	12.3
				Large Burghs	...	11.6	11.8
Total Deaths from Tuberculosis - All forms ..	...	...	...	...	...	7	11
Tuberculosis Death Rate (All forms) per 1,000 ..	...	...	...	Paisley ..	...	0.07	0.11
				Scotland ..	...	0.07	0.06
				Large Burghs	...	0.07	0.07
Total Deaths from Respiratory Tuberculosis ..	...	...	...	...	...	7	11
Respiratory Tuberculosis Death Rate per 1,000 ..	...	...	...	Paisley ...	...	0.07	0.11
				Scotland ...	...	0.06	0.05
				Large Burghs	...	0.07	0.06
Total Deaths from Epidemic Diseases*	...	...	...	...	...	1	13
Epidemic Diseases Death Rate per 1,000 ..	...	...	...	Paisley ...	...	0.01	0.14
				Scotland ..	...	0.02	0.11
				Large Burghs	...	0.01	0.08
Total Infant Deaths ..	...	...	...	...	...	42	43
Infant Mortality Rate per 1,000 live births ..	...	...	...	Paisley ...	...	21	24
				Scotland ..	...	23	23
				Large Burghs	...	23	22
Total Neonatal Deaths ..	...	...	...	...	...	19	28
Neonatal Death Rate per 1,000 live births ..	...	...	...	Paisley ...	...	10	15
				Scotland ..	...	15.9	15.2
Total Maternal Deaths ..	...	...	...	...	...	1	-
Maternal Death Rate per 1,000 all births ..	...	...	...	Paisley ...	...	0.50	-
				Scotland ...	...	0.4	0.2

*Typhoid fever, Cerebro-spinal fever; Scarlet fever; Whooping Cough;
Diphtheria; Influenza and Measles.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and Scotland, for each of the years 1957 to 1966 are given in the following table.

<u>Deaths</u>				
<u>Rate per 1,000 of population</u>				
<u>Year</u>	<u>Number</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1957	1,163	12.1	11.3	11.9
1958	1,187	12.3	11.3	12.0
1959	1,185	12.2	11.5	12.1
1960	1,126	11.6	11.2	11.9
1961	1,217	12.6	11.8	12.3
1962	1,159	12.0	11.7	12.2
1963	1,251	12.9	12.4	12.6
1964	1,066	11.0	11.2	11.7
1965	1,153	12.0	11.9	12.1
1966	1,138	11.9	11.8	12.3

An analysis of the deaths during 1966 showing causes and age distribution is contained in the following tables.

Causes of Death

	Actual Deaths	Percentage of Total Deaths
<u>SYSTEMIC DISEASES</u>		
Malignant Neoplasms of respiratory system	74	
Malignant neoplasms of Lymphatic and haematopoietic tissues ...	18	
Other malignant neoplasms	146	
Benign and unspecified neoplasms	2	
Diabetes Mellitus	11	
Anaemias	2	
Other general diseases	2	
Vascular lesions affecting central nervous system	189	
Other Diseases of Nervous System	10	
Chronic Rheumatic Heart Disease	7	
Arteriosclerotic Heart Disease including Coronary Disease ...	254	
Degenerative Heart Disease	94	
Other Diseases of Heart	12	
Hypertensive Heart Disease	10	
Other Hypertensive Disease	4	
Other Circulatory Disease	31	
Influenza	12	
Pneumonia (except of Newborn)	44	
Bronchitis	55	
Other Respiratory Diseases	4	
Ulcer of Stomach and Duodenum	14	
Appendicitis	1	
Intestinal obstruction and hernia	7	
Gastritis, Duodenitis Enteritis and colitis (except diarrhoea of newborn)	9	
Cirrhosis of Liver	2	
Other Diseases of Liver	3	
Other digestive diseases	6	
Nephritis and Nephrosis	6	
Hyperplasia of prostate	4	
Infections of Kidney	8	
Other diseases of genito-urinary system	1	
Diseases of skin and organs of locomotion	6	
Syphilis and its Sequelae	1	1,049 92.2
<u>INFECTIOUS AND CONTAGIOUS DISEASES</u>		
Tuberculosis of respiratory system	11	
Other infective and parasitic diseases	3	
Whooping Cough	1	15 1.3
<u>DISEASES OF INFANCY</u>		
Congenital malformations of nervous system and sense organs ...	5	
Congenital malformations of circulatory system	3	
Other congenital malformations	1	
Birth injuries postnatal asphyxia and atelectasis	11	
Other diseases peculiar to early infancy and immaturity unqualified	9	
Infections of the Newborn	2	31 2.7
<u>DISEASES ASSOCIATED WITH PREGNANCY</u>	-	-
<u>OTHERS</u>		
Motor Vehicle accidents	9	
Accidents in the Home	17	
Other violence	15	
Suicide and self-inflicted injury	2	43 3.8
Total	1,138	

Age Distribution of Deaths

	Actual Deaths	Percentages of all Deaths
Under 4 weeks	28	2.5
4 weeks upwards	15	1.3
1 year do.	10	0.9
5 years do.	5	0.4
10 years do.	2	0.2
15 years do.	10	0.9
25 years do.	8	0.7
35 years do.	31	2.7
45 years do.	83	7.3
55 years do.	203	17.8
65 years do.	293	25.8
75 years do.	335	29.4
85 years do.	115	10.1
<i>Total</i>	<i>1,138</i>	

CONTROL OF INFECTIOUS DISEASES

GENERAL -

During 1966, 1,149 cases of infectious disease came to the notice of the Public Health Department. This was a *decrease* of 311 on the 1965 figure of 1,460.

Such cases become known through statutory notification by general medical practitioners and hospital medical officers and by information supplied by schools and health visitors.

The statutory notifiable diseases are -

Anthrax	Pneumonia, Acute Primary
Cerebro Spinal Fever	Poliomyelitis
Cholera	Puerperal Fever
Continued Fever	Puerperal Pyrexia
Diphtheria and Membranous Croup	Scarlet Fever
Dysentery	Smallpox
Encephalitis Lethargica	Tuberculosis
Erysipelas	Typhus
Jaundice, Acute Infective	Typhoid Fever
Leprosy	Paratyphoid Fever
Malaria	Whooping Cough
Ophthalmia Neonatorum	Food Poisoning
Plague	(Notifiable from 1st August 1956).
Pneumonia Acute Influenzal	

SPECIFIC DISEASES -

CEREBRO SPINAL FEVER -

Three cases of this disease were notified in 1966 being the same number as were notified in 1965. There were no deaths.

DIPHTHERIA -

For the thirteenth calendar year in succession no cases of this disease were confirmed within the Burgh.

DYSENTERY -

In 1966 there were eighteen notifications of this disease compared with two hundred and fifty nine in 1965. There were no deaths.

ERYSIPELAS -

There were three notifications of this disease during the year compared with four in 1965. There were no deaths.

OPHTHALMIA NEONATORUM -

There were no notifications of ophthalmia notified in 1966 compared with one notification during 1965.

PNEUMONIA - ACUTE PRIMARY -

During the year seventy-seven cases of this disease were notified as against seventy-four cases notified in 1965. There were forty four deaths during the year.

PUERPERAL FEVER AND PYREXIA -

There was one case of puerperal fever and no cases of puerperal pyrexia notified in 1966 compared with four cases of puerperal fever and three cases of puerperal pyrexia in 1965. The case of puerperal fever was a Paisley case admitted from her home address.

POLIOMYELITIS -

There were no cases of paralytic poliomyelitis notified in 1966 or 1965. The subject of vaccination against poliomyelitis is reported in the section 'Vaccination and Immunisation'.

SCARLET FEVER -

There were ten cases notified during 1966 compared with twenty notifications in 1965. There were no deaths.

TUBERCULOSIS -

Forty-one cases of respiratory tuberculosis were notified and confirmed during 1966, compared with sixty-five cases in 1965. There were eleven deaths during the year compared with seven deaths the previous year.

There were two notifications, as compared with six in 1965 of the non-respiratory type of the disease. There were no deaths.

TYPHOID AND PARATYPHOID FEVER -

There were no cases of enteric fever notified during 1966 or 1965.

WHOOPING COUGH -

During 1966, twenty eight cases were notified as against forty-five cases notified in 1965. There was one death.

FOOD POISONING -

There were nine cases of food poisoning notified during 1966 compared with no notifications in 1965.

VENEREAL DISEASES -

The investigation and treatment of these diseases has been carried out for many

years at the Special Treatment Centre, Royal Alexandra Infirmary Annexe. Their incidence during 1966 is shown in the following analysis of the new cases coming to the Centre during the year.

As a result of the Consultant-in-Charge retiring, the Western Regional Hospital Board decided to remove the Treatment Centre from Paisley and place it in the Southern General Hospital. This is perhaps an unfortunate arrangement, although it is hoped that it will be only temporary as a Special Treatment Centre will be provided in the new Paisley District General Hospital. However the new arrangement does create difficulties especially in compilation of statistics and it would be more suitable to have the Treatment Centre in Paisley.

	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infection		Conditions other than V.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year ...	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 years ..	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 years ..	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24 years ..	-	-	11	-	-	-	13	-	11	1	35	1
25 - 34 years ..	-	-	5	-	-	-	9	-	2	-	16	-
35 and over ...	1	-	5	-	-	-	9	-	3	-	18	-
<i>Total new Cases ..</i>	<i>1</i>	<i>-</i>	<i>21</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>16</i>	<i>1</i>	<i>69</i>	<i>1</i>

The trend of the various venereal diseases is shown in the following figures -

	Syphilis		Gonorrhoea		Non-specific Venereal Infections	
	Male	Female	Male	Female	Male	Female
1957	4	3	23	3	21	3
1958	1	1	31	2	23	5
1959	6	4	17	2	21	-
1960	6	3	27	5	16	4
1961	3	3	13	2	28	6
1962	5	-	23	5	34	3*
1963	5	5	31	4	20	6
1964	7	2	30	1	31	9
1965	5	1	36	2	24	5
1966	1	-	21	-	31	-

	Under 1 Year	1 - 4 Years	5 - 14 Years	15 - 24 Years	25 - 34 Years	35 - 44 Years	45 - 64 Years	65 Years & over	Total		1966	
									1965	1966	Inc.	Dec.
NOTIFIABLE -												
Anthrax	2	1	-	-	-	-	-	-	3	3	-	-
Cerebro-spinal Fever	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-
Continued Fever	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	1	3	1	1	1	2	6	3	259	18	-	241
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis lethargica	-	-	-	-	-	-	-	-	4	3	-	-
Erysipelas	-	1	1	-	-	-	1	1	12	3	-	9
Jaundice - Acute Infective	-	-	-	-	-	-	-	-	-	-	-	-
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	1	-	-	1
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-
Plague	-	-	1	-	-	1	2	5	1	9	8	-
Pneumonia - Acute Influenzal	4	4	6	7	5	3	18	30	74	77	3	-
Acute Primary	-	-	-	-	-	-	-	-	-	-	-	-
Polio-myelitis	-	-	-	1	-	-	-	-	4	1	-	3
Puerperal Fever	-	-	-	-	-	-	-	-	3	-	-	3
Puerperal Pyrexia	-	3	7	-	-	-	-	-	20	10	-	10
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	1	4	7	3	20	6	65	41	-	24
Tuberculosis - Respiratory	-	-	-	1	1	-	-	-	6	2	-	4
Non Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	-	-	-	-	-	-	-	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	3	10	15	-	-	-	-	-	-	-	-	-
Gastro Enteritis	30	7	4	1	2	2	1	2	45	28	-	17
Food Poisoning	-	-	1	-	3	2	1	1	60	49	-	11
Enteritis	1	-	-	-	-	-	-	1	20	9	9	18
Pyogenic Meningitis	-	-	-	-	-	-	-	-	2	2	-	2
Encephalitis	-	-	-	-	-	-	-	-	1	-	-	1
NON-NOTIFIABLE -												
Glandular Fever	-	16	215	1	-	-	-	-	4	-	-	4
Chickenpox	-	53	314	-	-	-	-	-	490	232	-	258
Measles	2	20	170	-	1	-	-	-	270	369	99	-
Mumps	-	7	2	2	1	-	21	69	15	191	176	-
Pneumonia (other than above)	18	6	19	-	1	-	-	-	80	120	40	-
Rubella	-	-	-	-	-	-	-	-	21	25	4	-
Total	61	131	757	18	21	13	72	119	1,460	1,192	339	607

INFECTIOUS DISEASES CONTROL ~

The routine work of this section continued throughout the year with little of note. Fortunately there were no outbreaks of infectious disease and the work consisted mainly of routine investigation and follow up of patients and contacts.

The number of persons treated for scabies increased somewhat, and it may be that this problem will have to be looked at and treated more thoroughly as a social disease if the increase continues.

Disease control duties for the year are summarised thus

Number of notifications visited	144
Number of Visits	360
Number of Disinfections Dwelling Houses	"
- Bedding and/or clothing	62
- Parcel for abroad	"
Number of food handlers and hospital employees excluded from work	6
Number of persons treated Scabies/Lice	64
Total Number of Specimens of Faeces (Nurseries included) collected	509

Sixty-four persons were treated for Scabies which is an increase from 1965. No cases were required to be cleansed of body lice which is a substantial decrease from 1965.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS

During 1966 the Local Health Authority continued to provide Clinic facilities at several centres throughout the Burgh as follows

	<u>Weekly Sessions</u>			
	<u>Ante-natal</u>	<u>Post-natal</u>	<u>Mothercraft</u>	<u>Cytology</u>
Russell Institute, Causeyside Street ...	4	1	1	2
Ferguslie Clinic, Ferguslie ...	1	"	"	"
Mossvale Church, Greenock Road ...	1	"	"	"
Glenburn Clinic, Glenburn	1	"	"	"
Barscube Clinic, Hunterhill ...	1	"	"	"
Foxbar Clinic Foxbar ..	1	"	"	"
<i>Total</i>	<u>9</u>	<u>1</u>	<u>1</u>	<u>2</u>

In all, these ante-natal clinics were attended by 1,025 expectant mothers and the total number of attendances made by them was 4,745. The number of post-natal mothers who attended for check-up following confinement was 151.

Statistics relating to these Clinics are contained in the Tables below -

Ante-Natal Consultations	Russell Institute Clinic	Ferguslie Clinic	Mossvale Clinic	Glenburn Clinic	Barscube Clinic	Foxbar Clinic	Total
Number of Expectant Mothers attending	599	148	63	84	51	80	1,025
Made up - New Cases ...	450	123	52	59	37	66	787
Re-attending	149	25	11	25	14	14	238
Total Number of Attendances ...	2,898	436	248	402	296	465	4,745
Number of Cases referred to Hospital	40	"	"	"	"	"	40
Source of New Cases -							
General Medical Practitioners	435	88	42	51	18	65	699
Midwife	"	"	"	"	"	"	"
Health Visitor	"	"	"	"	"	"	"
Own Accord	14	35	10	8	19	1	87
Referred from Hospital	1	"	"	"	"	"	1

Mothercraft Classes

Total Number of Cases attending	78
Total Attendances	341

Post-Natal Consultations

Total Number of Cases attending	151
Total Attendances	185

CHILD WELFARE CLINICS

During the year Child Welfare Clinics were conducted from the following Centres -

	<u>Weekly Sessions</u>
Russell Institute	4
Ferguslie Clinic	9
Mossvale Clinic	1
Glenburn Clinic	9
Barscube Clinic	9
Foxbar Clinic	2
<i>Total</i>	<u>34</u>

A total of 4 260 children attended these Clinics during the year and the total number of attendances was 22 816.

The testing of children by Health Visitors to detect urinary phenylketonuria was commenced in 1960. Phenylketonuria, if undetected, can lead eventually to mental deficiency.

During 1966, testing was done on district by the Health Visitors and Domiciliary Midwives, and at birth in Hospitals. The testing was done by Phenistix Tests and by Guthrie Tests. One thousand seven hundred and ninety (537 Phenistix and 1 253 Guthrie) Tests were done during the year. One positive result was found.

The statistics relative to Child Welfare and Special Clinics for 1966 are given in the Table below.

CHILD WELFARE CONSULTATIONS	Number of Children who attended the Clinics for the first time during the year			Total Number of Attendances made during year		
	Born in 1966	Born in 1965	Born 1961-64	Born in 1966	Born in 1965	Born 1961-64
Local Health Authority Clinics <i>Total</i>	1 364	1 374	1 522	8 492	8 761	5 563
<u>Clinics -</u>						
Russell Institute .	618	566	567	3 708	3 483	1 747
Ferguslie .	233	226	340	1 205	1 178	1 300
Mossvale .	71	95	161	452	625	508
Barscube .	110	114	137	739	561	445
Glenburn .	142	154	136	980	1 028	547
Foxbar .	190	219	181	1 408	1 886	1 016

FAMILY PLANNING CLINIC

The Family Planning Clinic has been held in the Russell Institute under the auspices of the Family Planning Association since 1950. The work has developed over the years and the initial clinic has been enlarged by additional sessions. With the introduction of modern methods of family planning and screening for cervical cytology it has become obvious that some assistance was required from the Local Authority.

This assistance has been gladly given and the Health Department co-operates with the Family Planning Association in running the clinic. Family Planning will take its place with other features of the ante natal work of the clinics and in the specialised services such as the Mothercraft and Homecraft Centre.

Details of the Family Planning Clinic are given below -

Number of New Cases	334
Paisley Burgh	168
Outwith Paisley	166

Details regarding above Cases -

	Paisley Burgh	Outwith Paisley
Premarital (within 1 month of marriage)	11	8
Married with no children	25	46
Married with 1 child	42	30
Married with 2 children	56	47
Married with 3 children	26	20
Married with 4 children	5	13
Married with 5 or more children	3	2

Number of Re-attenders	567
Paisley Burgh	310
Outwith Paisley	257

Total Attendances	901
Paisley Burgh	478
Outwith Paisley	423

	NEW CASES		RE ATTENDERS		Total
	Paisley Burgh	Outwith Paisley	Paisley Burgh	Outwith Paisley	
Number referred to General Practitioners					
Number issued with Pill	75	42	40	19	176
Number issued with other Contraceptives	92	125	270	238	725

PROVISION MADE FOR UNMARRIED MOTHERS DURING 1966

During 1966 arrangements were made for the admission of unmarried mothers to various Homes to await the birth of their babies. Details of this are given below.

Scottish Voluntary Mother & Baby Homes Edinburgh Homes for Mothers & Infants -

1 Case Admitted 24/2/66. Discharged 24/8/66.

St. Margaret's Home Headingley, Leeds -

1 Case Admitted 3/12/66. Discharged 28/2/67.

St. Teresa's Salford

1 Case Admitted 8/12/66. Discharged 31/1/67.

Lansdowne House, Church of Scotland Home, Glasgow -

1 Case Admitted 19/11/66. Discharged 21/3/67.

The Salvation Army, Tor Home, Edinburgh -

1 Case Admitted 17/12/66. Discharged 6/1/67.

Clevedon House, Salvation Army Home Glasgow -

1 Case Admitted 20/9/66. Discharged 30/11/66.

CERVICAL CYTOLOGY -

The scheme for the examination of women by cervical cytology is now well established, having commenced in Paisley on 1st December, 1964. The arrangements include the organisation of special clinics for the examination of women and the distribution of results to General Practitioners.

During 1966, as a result of popular demand for an extension of the Service, the Western Regional Hospital Board undertook to administer a scheme throughout the region, but as the Paisley scheme was operating so well it was left intact and many of its arrangements were adopted nationally.

The volume of work done is, of course dependent on the facilities available in the Laboratory, but so far these facilities have been adequate to deal with the specimens collected.

As the Paisley scheme has now been in operation for three years the time is rapidly approaching when women examined at the beginning of the scheme will require a second examination. This will naturally involve some administrative difficulties and will increase the load on our Clinics.

Contrary to general opinion it has not been found in Paisley that women of social classes 3, 4 and 5 are less willing to come forward and be examined than those in classes 1 and 2. In fact women of all classes have taken the opportunity of being examined with enthusiasm, but in part this may have been due to the large amount of publicity which was given locally to the scheme when it commenced.

The numbers of women requiring a repeat examination have not so far proved large but six women were referred to the Consultant Gynaecologist.

During 1966 it was decided that an examination of the breasts should also be carried out at the same time as the cervical examination and that wherever possible, there should be a full and frank discussion with the patient of her problems. This has, to a certain extent, slowed down the rate of progress at the clinics but has proved to be very worth while. As yet no evidence of any unusual mammary conditions have been brought to light.

CYTOLOGY - 1966

Number of Cervical Smears done - (Family Planning Association,
Ante-natal and Post-natal Clinics) 1,118

New Cases	Public Health	Family Planning Association	Total
Class I	139	52	191
Class I/II	97	42	139
Class II	488	225	713
Class II/III	14	5	19
Class III	13	4	17
Class III/IV	2	-	2
Class IV	"	"	"
Class V	1	-	1
Unclassified	3	2	5
Total ...	757	330	1,087
Recall Attendances	26	5	31
TOTAL ATTENDANCES ...	783	335	1,118
Signed off after Recall	18	1	19
Referred to Gynaecologist	4	1)	6
Referred to Gynaecologist from 1965 ...	1	-)	
<u>Treatment -</u>			
Total Hysterectomies	3	1	4
Biopsy only	2	-	2
Recalls carried forward	34	15	49

DAY NURSERIES

During 1966, the Town Council continued to provide 210 places in Day Nurseries for children under 5 years of age

There were 244 admissions and 201 children ceased to attend. These admissions and dismissals were as follows

	<u>Admissions</u>				<u>Dismissals</u>			
	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>
Castle Street,	20	26	14	60	9	24	23	56
Hugh Smiley,	12	11	24	47	9	6	26	41
Douglas Street.	26	22	6	54	9	12	20	41
Blackland	13	23	47	83	6	20	37	63

The incidence of Infectious Diseases was as follows

	<u>Scarlet Fever</u>	<u>Rubella</u>	<u>Mumps</u>	<u>Pneumonia</u>	<u>Whooping Cough</u>	<u>Measles</u>	<u>Chickenpox</u>
Castle Street ..	.	.	13	.	.	2	-
Hugh Smiley ...	.	3	1	.	1	28	2
Douglas Street	.	.	7	.	.	11	16
Blackland ...	2	1	1	1	1	38	7
	<u>2</u>	<u>4</u>	<u>22</u>	<u>1</u>	<u>2</u>	<u>79</u>	<u>25</u>
	<u>=</u>	<u>=</u>	<u>=</u>	<u>=</u>	<u>=</u>	<u>=</u>	<u>=</u>

	<u>Admissions</u>				<u>Dismissals</u>			
	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>
Crosslet House, Dumbarton:	9	3	3	15	3	1	2	6

CHAPEL HOUSE RESIDENTIAL NURSERY

During 1966, 87 children (twenty-four under 1 year: forty-seven aged 1-3 years; sixteen aged 3-5 years) were admitted to the Nursery and eighty seven were dismissed.

The reasons for these 87 children being admitted were as follows

1. Mother going into Hospital	(a) Confinement	22
	(b) Surgical Operation	12
	(c) Sanatorium Treatment	5
	(d) Mental Illness	5
	(e) Medical Treatment	6
2. Mother requiring holiday and rest		9
3. Child deserted		2
4. Transferred back from Hospital		4
5. Rehabilitation of unmarried mother		1
6. Homeless child		11
7. B.C.G. Segregation		2
8. Awaiting Boarding Out		3
9. Reason unknown		2
10. Child under par and requiring care and attention		3

An analysis of the eighty-seven children dismissed from the Nursery during 1966 shows that the average length of stay per child was five weeks. Details of length of stay are as follows:-

Under 1 Week	21	9 - 10 weeks	2
1 - 2 weeks	17	10 - 11 weeks	2
2 - 3 weeks	9	11 - 12 weeks	1
3 - 4 weeks	5	12 - 13 weeks	2
4 - 5 weeks	5	13 - 14 weeks	2
5 - 6 weeks	1	14 - 15 weeks	1
6 - 7 weeks	6	15 - 16 weeks	-
7 - 8 weeks	5	Over 16 weeks	6
8 - 9 weeks	2		

In addition to these children, fifteen children who could not be accommodated in Chapel House were transferred to Crosslet Residential Nursery, Dumbarton. Six of these children were discharged from Crosslet Nursery during the year.

NURSERY SERVICE

	Approved for Training	No. of Approved Places		No. of Children on Register at end of year		Average Daily attendances during year		Waiting lists at end of year	
		Years 0-2 2-5		Years 0-2 2-5		Years 0-2 2-5		Years 0-2 2-5	
Chapel House Residential Nursery	Yes	10	10	4	3	6	4	-	-
Castle Street Day Nursery ..	Yes	15	45	14	50	12	45	84	109
Hugh Smiley Day Nursery ...	Yes	20	30	24	35	16	26	40	60
Douglas Street Nursery ...	Yes	20	30	16	40	15	35	73	67
Blackland Day Nursery ...	Yes	15	35	10	40	10	35	5	24

Thirty-one Handicapped Children were taken care of in the Day Nurseries in 1966.

Primordial Dwarfism .	...	...	...	...	1
Mental Retardation ..	...	...	...	...	8
Mongolism ...	...	...	...	...	3
Maladjustment	...	...	...	...	1
Blind .	...	...	...	...	1
Spastic Paralysis ...	...	...	...	...	1
Epilepsy ...	...	...	...	...	2
Convulsions ..	...	...	...	...	3
Congenital Valvular Disease of Heart	...	...	...	...	2
Congenital Ataxia ...	...	...	...	...	1
Aortic Ring ..	...	...	...	...	1
Poor Speech ..	...	...	...	...	6
Claudio Cranial Dysoslosis .	...	...	...	...	1
Total ...					31

Twenty-seven of the children tested on the Griffith's Mental Development Scale were either in a day nursery or admitted to the nursery after tests. Number of handicapped children referred for hospital consultation was thirty-one.

Student Nursery Nurses -

Eight Students were presented in 1966 for the Nursery Nurses Certificate.

Six Students passed both Written and Practical Examinations.

Two Students were presented for Practical Examination only.

Three Students obtained a Pass with Merit.

DEVELOPMENTAL ASSESSMENT CLINIC

The baby assessment clinic has now been in operation for seven years, and a wealth of information has been gained. The children seen at the clinic are usually referred by their own doctors or by health visitors but a number are seen at the request of a parent.

The work is highly specialised and takes a great deal of time and patience. Its value can be measured by the numbers attending the clinic.

The test used is mainly that devised by Dr. Griffiths. Many of the children tested are as young as three months old, but even at this early stage, a sound forecast of their future development can be made.

GRIFFITH'S TESTS 1960/1966

	1960	1961	1962	1963	1964	1965	1966
No. of Cases ..	31	32	18	35	21	23	56
No. of Tests ..	36	45	34	39	22	23	57
No. of Defaulters ..	..	..	..	..	..	8	11
<u>Distribution of Cases</u>							
Normal ..	10	7	7	10	4	10	4
Markedly Retarded ..	9	..	5	23	7	8	21
Slightly Retarded ..	..	..	..	..	7	3	26
(Premature Low Average/Retarded) ..	4	11	..	..	..	..	..
Cerebral Palsy (Mentally Retarded) ..	2	2	1	2	..	..	..
Cerebral Palsy (Normal) ..	..	1	1	..	..	..	..
(Mongol Retarded/Low Grade) ..	1	1	1	..	3	2	5
Cretin (Slow eventually normal) ..	1	..	..	..	..	..	..
Coeliac Disease (Slow eventually normal) ..	1	..	..	..	..	..	..
Speech Retardation (Dull) ..	1	..	..	..	..	..	..
Speech Retardation ..	..	8	1	..	..	..	..
Maternal Deprivation ..	1	..	..	..	..	..	..
Overweight and Deprivation ..	..	1	..	..	..	..	..
Grossly Mentally Handicapped ..	..	1	..	..	..	..	..
Dwarfism (Low Average) ..	..	..	1	..	..	..	..
Spina Bifida (Retarded) ..	..	..	1	..	..	..	..
Epilepsy (Normal) ..	1	..	..	..	..	..	..

'AT RISK' CHILDREN - BORN IN 1963

The keeping of an 'At Risk' Register was commenced in Paisley in January, 1963, so by 1968, children born in 1963 will be 5 years of age and ready to go to school. It is essential that the efficacy of the 'At Risk' Register should be checked and it is necessary, therefore, from now on to review each year, all children put on the 'At Risk' Register and who are between 4 and 5 years of age.

ANALYSIS OF KNOWN HANDICAPPING CONDITIONS PRESENT IN CHILDREN
UNDER 5 YEARS OF AGE IN 1966

Speech Defect (necessitating Speech Therapy)	18
Mental Retardation - Severe	23
Less Severe	27
	50
Congenital Heart Disease	26
Cerebral Damage - Cerebral Palsy - Severe	7
Less Severe	2
	9
Spinal Cord Defect - Spina Bifida - Operation - Walking	2
Drainage - Not Walking	4
No operation - Not Walking	6
No operation - Walking	2
	14
Talipes Equino Varus	8
Minor Physical Defects	7
Mongolism	12
Cleft Palate	3
Hare Lip and Cleft Palate	3
	6
Deafness	5
Partial Blindness	2
Epilepsy (E.E.G. + ve)	3
Congenital Dislocation of Hip	5
Congenital Cataract	3
Convulsions - Frequent (On Drugs) (Various Causes)	19
Febrile (Not on Drugs)	5
	24
Albinism	1
Pancreatic Disorder	2
Phenylketonuria	4
Coeliac Disease	1
Thyroid Deficiency	2
Gaucher's Disease	1
Foot Deformity	2
Thalidomide Defects	2
Other Congenital Abnormalities of varying degrees	17
Hydrocephalus	6
Cretinism	1
Ataxia and Dysphasia	1
Ataxia	1
Achondroplasia	1
Leukaemia	1
Facial Paralysis	1
	<hr/>
Total	236
	<hr/>

ANCILLARY SERVICES -

The Town Council continued during 1966 to provide certain Specialised Services in conjunction with its ante-natal, post-natal and Child Welfare Clinics.

One Dental Clinic per week was held at The Russell Institute Clinic. The Dental Units at Ferguslie and Glenburn Clinics were also in operation.

Examinations and conservative treatments are carried out by dentists employed by Renfrewshire Education Committee in their School Dental Service.

In all one hundred and thirty-five persons, twenty-four adults and one hundred and eleven children were examined and of these twenty-three adults and seventy-seven children completed treatment.

DENTAL TREATMENT - AUGUST 1965 to JULY 1966

Ante-Natal and Post-Natal Cases

	Attendances			Treatments			
	No. of Inspections	Total Attendances	Completed Treatment	Fillings	Extract-ions	Other	Total
Ante-Natal ...	10	59	10	20	16	33	69
Post-Natal ...	14	67	13	42	10	41	93
<i>Total</i>	24	126	23	62	26	74	162
Number of X-Rays				16			

Pre-school Children

	Attendances			Treatments			
	1st Attendances	Total Attendances	Completed Treatment	Fillings	Extract-ions	Other	Total
Routine ...	97	251	77	104	51	33	188
Special ...	14	20	-	1	11	6	18
<i>Total</i>	111	271	77	105	62	39	206
Number of X-Rays				-			

ARTIFICIAL SUNLIGHT CLINIC

The Artificial Sunlight Clinic has continued in operation and apart from dealing with children from the Child Welfare Clinics has also dealt with cases referred by Tuberculosis Physicians and the School Medical Officers.

Number of Cases	...	...	...	...	...	...	...	...	154
Number of Attendances	...	...	...	...	...	...	...	...	1,314

Cases referred from Chest Clinic - 14

New Cases	...	...	...	10
Re-attenders	...	...	...	4
Total Attendances	..	...	...	174

Cases Treated -

Asthma	..	...	...	2	(suspended treatment)
Bronchitis	..	...	...	2	(suspended treatment)
Bronchitis	..	...	...	3	(still attending)
Bronchial Catarrh	..	...	...	3	(suspended treatment)
Bronchial Catarrh	..	...	...	1	(ceased attending prematurely)
Collapse of Lung	...	...	...	1	(suspended treatment)
Post Pneumonia	...	...	...	1	(suspended treatment)
Recurrent Bronchial Infection	...	...	...	1	(suspended treatment)

Of the above 14 cases -

Treatment suspended	...	...	10
Treatment continuing	...	...	3
Ceased attending prematurely	...	...	1

Child Welfare Cases referred by Child Welfare Clinics - 81

New Cases	...	...	...	55
Re-attenders	..	...	...	26
Total Attendances	..	...	...	636

Cases Treated -

Adenitis of Neck	...	...	...	1	(ceased attending prematurely)
Bronchitis	..	...	...	5	(suspended treatment)
Bronchitis	..	...	...	1	(ceased attending prematurely)
Bronchitis	..	...	...	1	(well - discharged)
Bronchitis	..	...	...	2	(still attending)
Bronchial Catarrh	..	...	...	1	(suspended treatment)
Bronchial Catarrh	..	...	...	3	(still attending)
Chesty	...	...	...	3	(still attending)
Chesty	...	...	...	1	(suspended treatment)
Congenital Heart	...	...	...	1	(still attending)
Debility	...	...	...	26	(still attending)
Debility	..	...	...	2	(ceased attending prematurely)
Debility	..	...	...	10	(well - discharged)
Frequent Catarrhal Conditions	...	...	...	6	(still attending)
Frequent Catarrhal Conditions	...	...	...	1	(well - discharged)
Frequent Septic Infections	...	...	...	3	(still attending)

Cases Treated (continued) -

Genu Valgum	2 (still attending)
Genu Valgum	1 (well - discharged)
Genu Varum	1 (well - discharged)
Genu Varum	1 (ceased attending prematurely)
Genu Varum	1 (still attending)
Orthopaedic Condition	3 (still attending)
Loss of Appetite	1 (still attending)
Mentally Retarded	1 (still attending)
Pigeon Chest	1 (still attending)
Underweight	1 (ceased attending prematurely)
Wide Anterior Fontanelle	1 (still attending)

Of the above 81 Cases -

Treatment suspended	7
Ceased attending prematurely	6
Discharged	14
Treatment continuing	54

Cases referred by School Medical Officer - 59

New Cases	23
Re-attenders	36
Total Attendances	504

Cases Treated -

Acne	7 (still attending)
Acne	1 (suspended treatment)
Asthma	2 (suspended treatment)
Asthma	1 (still attending)
Bronchial Catarrh	8 (still attending)
Bronchial Catarrh	9 (suspended treatment)
Bronchial Catarrh	2 (ceased attending prematurely)
Bronchitis	7 (still attending)
Bronchitis	1 (treatment suspended)
Chilblains	1 (suspended treatment)
Chesty	2 (still attending)
Cramp	1 (treatment suspended)
Debility	5 (still attending)
Debility	4 (treatment suspended)
Difficulty in Breathing	1 (still attending)
Frequent Colds	1 (well - discharged)
Frequent Colds	3 (still attending)
Faulty Circulation	1 (suspended treatment)
Post Pertussis	1 (still attending)
Rheumatic Pains	1 (suspended treatment)

Of the above 59 Cases -

Treatment suspended	21
Discharged	1
Treatment continuing	35
Ceased attending prematurely	2

In addition to these Specialised Clinics the Local Health Authority continued to implement their scheme for the care of mothers and young children by supplying maternity outfits free of charge to all expectant mothers who are confined in their own

homes and layettes for necessitous and exceptional cases. During 1966, 610 maternity outfits and six layettes were supplied.

WELFARE FOODS

This was the twelfth full calendar year during which the Local Health Authority was responsible for the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil, Vitamins A and D Tablets). Distribution takes place on certain days from the Clinics at Glenburn and Ferguslie as well as the daily distribution (Monday - Saturday) at the Central Distribution Centre at Maxwell Street.

The turnover of Welfare Foods is considerable. On an average the following quantities of food are distributed each week:

	Central Centre, Maxwell Street	Glenburn Clinic	Ferguslie Clinic	Total
National Dried Milk (Tins) ...	260	15	30	305 (528)*
Orange Juice (Bottles)	324	52	17	393 (353)*
Cod Liver Oil (Bottles)	50	5	4	59 (52)*
Vitamins A & D Tablets (Packets)	14	3		17 (19)*

(*Last year's weekly average)

To enable our mothers to take advantage of the various foods and vitamins we have made certain of these available for purchase at all our Clinics. The undernoted table shows the sale of these during the year

	Russell Institute	Glenburn	Foxbar	Barscube	Vossvale	Ferguslie	Total
Adexolin ...	3 695	947	634	259	376	276	6 187
Baby Rice .	327	81				33	441
Chocolate Milk ...	419	196				56	671
Delrosa .	9 709	1 590	1 829	507	715	539	14 889
Farex .	397	83				7	487
Farlene .	591	171				45	807
Ribena .	7 195	1 302	1 342	293	471	290	10 893
Twin-Pack	344	104				27	475
Vitavel	2 339	431	1 055	142	155	92	4 214
Ostermilk	5 943	1 025	24	585	233	925	8 735

DOMICILIARY MIDWIFERY

The Domiciliary Midwifery Service operated throughout 1966 in a most efficient fashion and the statistics relating to the Service are very heartening. Although due regard must be paid to the type of abnormality which is treated in hospital it still remains true that the results for children born on the district are far superior to those obtained in hospital. The perinatal mortality and infantile mortality rates for children born at home are distinctly lower than a comparable group born in hospital.

There is still unfortunately a tendency for hospitalisation of mothers, and this means that there has been a slight decrease in the number of births at home. Conversely the amount of work involved in looking after mothers and children dismissed home early from hospital increases. Should this tendency develop too far it would reduce the Domiciliary Midwife to the status of a midwifery attendant.

As in previous years the Training School in Paisley took a large number of pupil midwives from other Authorities for district training, and requests from a number of hospitals have had to be refused because of the slight decline in births on the district.

MIDWIFERY STATISTICS

Total Number of Births including Still-births occurring in the Area after correction for Mother's residence	...	...	...	1,811
Number of Births in Ross Maternity Hospital	...	...	...	205
Number of Births in Thornhill Hospital, Johnstone	...	...	...	1,230
Number of Births in Other Areas	...	...	...	119
Number of Births occurring at Home	...	...	...	257
Number of Still-Births in Total	...	...	...	26
Cases dealt with under Section 23(2) National Health Service (Scotland) Act, 1947	...	...	...	252
Made up -				
Doctor engaged and present at Confinement	...	...	...	40
Doctor engaged and not present at Confinement	...	...	...	212
Midwife (alone) (no Doctor engaged)	...	...	...	-

PUPIL MIDWIVES TRAINING AT NURSES HOME

Number of Students received during Year	...	...	...	...	43
Thornhill Hospital, Johnstone	...	...	...	...	8
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh	...	...	...	...	14
Maternity Section, Ayrshire Central Hospital, Irvine	...	...	...	...	19
Ross Hospital, Paisley	...	...	...	...	2
Number of Resident Students at 31st December, 1966	...	...	...	...	4
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh	...	...	...	...	2
Maternity Section, Ayrshire Central Hospital, Irvine	...	...	...	...	2
Number of Non-Resident Students at 1st January, 1966	...	...	...	...	1
Thornhill Hospital, Johnstone	...	...	...	...	1
Number of Non-Resident Students received during Year	...	...	...	...	10
Thornhill Hospital, Johnstone	...	...	...	...	8
Ross Maternity Hospital, Paisley	...	...	...	...	2
Number of Non-Resident Students at 31st December, 1966	...	...	...	...	1
Thornhill Hospital, Johnstone	...	...	...	...	1

DOMICILIARY MIDWIFERY STATISTICS

Total Number of Cases booked	324
Total Number of Cases attended	333
Total Number of Cases delivered on District	252
Total Number of Emergency Cases (not booked) delivered on District ..	-
Total Number of Abortions attended on District	-
Number of Cases delivered by Midwife only	212
Number of Cases delivered by Midwife and Doctor	13
Number of Cases requiring Medical Aid at Confinement ..	27

Conditions requiring medical aid in the above 27 Deliveries -

Post Partum Haemorrhage	7	
Ante Partum Haemorrhage (in labour) ..	1	
Retained Placentae	2	
Foetal Distress	4	
Twin Pregnancy ..	3	
Delayed Labour (normal delivery)	1	
Perineal Repair	7	
Hypertension	2	27

Total Number of Cases transferred to Hospital in labour (21) -

Reasons for above transfers -

Delayed Labour	8	
Premature Labour ..	4	
Ante Partum Haemorrhage ..	2	
Foetal Distress	2	
Twin Pregnancy	1	
Twin Pregnancy (1st Twin born at home, 2nd Twin transverse lie) ...	1	
Domestic Reasons ..	1	
Breech Presentation	2	21

Of the above 21 Cases transferred to Hospital in labour, all were dismissed early in the puerperium and nursed at home.

Total Number of Cases admitted to Hospital after delivery (4) -

Reasons for above admissions -

Retained Placenta	1	
Post Partum Haemorrhage ..	3	4

Of the above 4 Cases admitted to Hospital after delivery, all were dismissed early in the puerperium and nursed at home.

Total Number of Cases transferred to Hospital during Ante-natal Period (24) -

Reasons for above transfers -

Post Maturity	6	
Pre-eclamptic Toxaemia	3	
Medical reasons (outwith pregnancy)	2	
Malpresentation (breech, etc.) ..	7	
Hydramnios	1	
Ante Partum Haemorrhage (not in labour)	2	
Disproportion	1	
Domestic Reasons ..	1	
Twin Pregnancy	1	24

Of the above 24 Cases admitted to Hospital during Ante-natal period, all were dismissed early in the puerperium and nursed at home.

DOMICILIARY MIDWIFERY STATISTICS (continued)

Total Number of Cases dismissed from Domiciliary Midwifery Service (33) -	
Reasons for above cancellations -	
Medical reasons (anaemia, pre-eclamptic toxæmia, etc.)	15
Rhesus Factor	2
Malpresentation or unstable lie of foetus	3
Abortions (threatened)	2
Twin Pregnancy	4
Contracted Pelvis	1
Domestic Reasons	6
	33
Transferred to Other Authorities (left Paisley)	2
Total Number of Post-natal Visits paid (1st ten days of Puerperium)	3,397
Total Number of Ante-natal Visits	6,525
Domiciliary Visits paid by Midwives	3,954
Domiciliary Visits paid by Doctors	2,571
Clinic Visits	-
Total Number of Infants born	254
Total Number of Infants born alive	252
Total Number of Infants still-born	2
Total Number of Twins born (sets)	2
Reasons for Still-births -	
Ante Partum Haemorrhage (accidental haemorrhage)	1
Hydrocephalus	1
Total Number of Neo-natal Deaths	-
Total Number of Infants admitted to Hospital (other than those admitted with Mother)(4) -	
Reasons for the above admissions -	
Prematurity	3
Cardiac Condition	1
	4
Maternal Deaths	-
Still-birth Rate (2 in 254 born)	•78%
Total Number of Cases to whom Gas and Air Analgesia was given in labour ...	159
Total Number of Cases to whom Pethilorfan was given in labour	163
Supervisory Visits (outwith all other numbers)	1,275
Total Number of Hospital Cases dismissed early in the puerperium and nursed at home	459

THE TABLE BELOW GIVES THE NUMBER OF CASES DELIVERED IN HOSPITALS AND OTHER INSTITUTIONS WHO WERE DISCHARGED AND ATTENDED BY DOMICILIARY MIDWIVES INDICATING WHICH DAY OF PUERPERIUM THE MIDWIVES COMMENCED THEIR VISITS

1966	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day	9th Day	10th Day	11th Day	12th Day	13th Day	14th Day	15th Day	Over 15 Days	Total
JANUARY	-	1	-	1	14	2	-	-	-	-	-	-	-	-	-	-	18
FEBRUARY	1	1	-	3	7	1	-	-	-	-	-	-	-	-	-	-	13
MARCH	-	2	4	12	26	-	-	-	-	-	-	-	-	-	-	-	44
APRIL	-	-	3	4	20	3	-	-	-	-	-	-	-	-	-	-	30
MAY	-	1	4	5	20	2	-	-	-	-	-	-	-	-	-	-	32
JUNE	-	2	2	4	17	20	-	-	-	-	-	-	-	-	-	-	45
JULY	-	1	4	3	7	4	-	-	-	-	-	-	-	-	-	-	19
AUGUST	-	1	3	8	13	5	-	1	-	-	-	-	-	-	-	-	31
SEPTEMBER	-	2	7	8	14	30	1	-	-	-	-	-	-	-	-	-	62
OCTOBER	-	1	1	2	24	21	-	-	-	-	-	-	-	-	-	-	49
NOVEMBER	-	-	2	9	20	24	-	-	-	-	-	-	-	-	-	-	55
DECEMBER	1	1	6	8	26	22	-	-	-	-	-	-	-	-	-	-	64
Total	2	13	36	67	208	134	1	1	-	-	-	-	-	-	-	-	462

Number of Cases visited 1st to 6th day of Puerperium 460
 Number of Cases visited 7th day to over 15 days of Puerperium 2

PREMATURE BIRTHS

Number of premature births i.e. where birth weight is 5 lb. 8 oz. or less (as adjusted by any notification of transfer in or out of the area).

Weight at Birth	Premature live births												Premature still-births		
	Born at home or in a private maternity home														
	Born in Hospital			Nursed entirely at home or in a private maternity home			Transferred to hospital on or before 28th day			Born					
	Died			Died			Died			Total Births					
	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In hosp-ital	At Home	In private-mater-nity home
2 lb. 3 oz. or less (1)	1	-	1	-	-	-	-	-	-	-	-	-	4	-	-
Over 2 lb. 3 oz. up to and includ-ing 3 lb. 4 oz. (2)	10	3	3	-	-	-	-	-	-	-	-	-	7	-	-
Over 3 lb. 4 oz. up to and includ-ing 4 lb. 6 oz. (3)	18	2	2	-	-	-	-	-	-	-	-	-	1	-	-
Over 4 lb. 6 oz. up to and includ-ing 4 lb. 15 oz. (4)	21	1	1	-	3	-	-	-	-	-	-	-	4	1	-
Over 4 lb. 15 oz. up to and includ-ing 5 lb. 8 oz. (5)	63	1	-	1	11	-	-	-	-	-	-	-	1	-	-
Total	113	7	7	1	14	-	-	-	-	-	-	-	17	1	-

(1) 1,000 g or less. (2) = 1,001-1,500 g.: (3) = 1,501-2,000 g.: (4) = 2,001-2,250 g. (5) = 2,251-2,500 g.:

HEALTH VISITING

The new Regulations for the training of Health Visitors are now in operation and students in training will qualify under the new rules. A greater emphasis is being placed on the social aspect of health visiting and on new developments within the Health Service. The Health Visitor always was a specialised social worker but with the change in training she will become the leading member of the social workers' group within the Health Department.

As part of the new Regulations students in training must spend an appreciable part of their time in field work under the direction of a Local Authority. Paisley has been chosen as one of these Authorities and Health Visitor students are being allocated for field work training to the Department. This arrangement should prove of benefit to both parties because students are likely to question accepted practices and to seek the reasons for procedures of long standing. This often has a salutary effect and it means that the reasons for procedures have to be looked at and revised if they are found to be wanting.

Nurses in training for their General Certificate of Nursing are now being allocated to Paisley for a course in Public Health, and an important part of this consists of instruction in health visiting techniques. Here again it has been found that both parties benefit as the interaction of fresh inquisitive minds on the experience of the older Health Visitors has been most beneficial.

NUMBER OF VISITS PAID BY HEALTH VISITORS DURING 1966

	<u>No. of Cases</u>	<u>No. of Visits</u>
Expectant Mothers	273	591
Children born in 1966	1,741	7,896
1965	2,880	9,257
1961-64	4,188	10,523
School Children	49	85
Persons aged 65 and over	465	1,626
Mental Health . Care and After-care	97	802
Other Hospital After-care	78	89
Tuberculous Households	373	710
Other Infectious Diseases	279	574
Other	581	1,324
	<hr/>	<hr/>
<i>Totals</i>	<i>11,004</i>	<i>33,477</i>
	<hr/>	<hr/>

The following table shows the number of Special After-care Visits made by Health Visitors to children under five dismissed from Hawkhead Infectious Diseases Hospital.

JANUARY - DECEMBER 1966

						<u>1st Visit</u>
Broncho Pneumonia	...	...	...	...	...	15
Gastro Enteritis	...	...	...	...	...	32
Upper Respiratory Infection	..	...	...	...	...	41
Lobar Pneumonia	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	9
Laryngo-Tracheo Bronchitis	...	...	...	...	...	1
Tonsillitis	...	...	...	...	...	5
Chickenpox	...	...	...	...	...	1
Whooping Cough	.	...	...	...	...	1
Dysentery	...	...	...	...	...	2
Meningitis	...	...	...	...	...	4
Measles	...	...	...	...	...	5
Bronchial Asthma	...	...	...	...	...	1
Urinary Infection	...	...	...	...	...	5
Primary Tuberculosis	..	...	...	...	...	1
Erysipelas	...	...	...	...	...	1
Convulsions	...	...	...	...	...	3
Measles and Pneumonia	.	...	...	...	...	1
Scabies	...	...	...	...	...	2
Pyrexia of Unknown Origin	...	...	...	...	...	2
Eczema	..	...	...	...	...	4
Croup	...	...	...	...	...	2
Vomiting	...	...	...	...	...	1
						<u>140</u>

PUBLIC HEALTH FOR NURSES IN TRAINING

The new syllabus for nurses studying for registration in General Nursing stipulates that an extended period of study in Public Health must be given. The Royal Alexandra Infirmary asked for the co-operation of the Local Authority to arrange a programme of work and the first Course of lectures and field work was commenced in 1966.

The general scheme is that a course of twenty-five lectures is given to the student nurses and a fortnight's training in practical Public Health within the Health Department.

The practical training comprises instruction in all aspects of the work of the Health Department and the course of lectures is delivered by medical and non-medical staff of the Health Department.

Three courses of lectures have now been delivered and the general pattern is as follows:-

- | | |
|------------|--|
| Lecture 1. | General introduction to Public Health. |
| 2. | Administration within the National Health Service and Local Authority.
The Staff of the Local Authority and their duties. |
| 3. | Control of Infectious Diseases. |
| 4) | |
| 5) | Certain Infections of Public Health importance. |
| 6. | Care of Mothers and young Children.
Care of the Elderly. |
| 7. | Care of the physically handicapped. |
| 8. | Mental Health. |
| 9. | Housing. |
| 10. | Environmental Hygiene.
Heating and Ventilation.
Lighting.
Abatement of Atmospheric Pollution and Noise Nuisance. |
| 11. | Water Supplies.
Refuse Disposal.
Sewage Disposal.
Pests and Parasites. |
| 12. | Nutrition.
Home Safety.
Health Education. |
| 13-25. | Seminars on special aspects of Public Health. |

HOME NURSING

Although the Home Nursing Service functioned satisfactorily during the year it is still handicapped by the fact that it has not been possible to find a suitable successor to the Superintendent. This is a problem which will have to be considered very carefully in the near future as the Home Nursing Service is a vital one and must be properly organised if it is to function to its fullest capacity.

As in previous years over half the patients visited are aged 65 and over and these elderly patients account for more than three-quarters of the visits paid during the year.

1966

Number of Patients attended	...	...	...	...	758
Number aged 65 and over	...	...	...	...	469
Number of Visits paid	...	...	...	...	24,343
Number of visits paid to 65 and over	...	...	...	...	16,425

Diseases	No. of Patients			No. of Visits			Termination of Cases			
	M.	F.	Total	M.	F.	Total	Con- vale- scence	Trans- fer to Hosp- ital	Died	Contin- uing at 31st Decr. 1966
Abdominal . . .	11	20	31	228	472	700	21	3	2	5
Accidents . . .	2	6	8	117	157	274	3	-	-	5
Amputations . . .	2	2	4	123	4	127	1	-	1	2
Cancer	13	28	41	252	1,629	1,881	3	7	22	9
Cardiac	31	38	69	814	821	1,635	24	16	17	12
Cerebral Haemorrhage . . .	29	57	86	790	1,379	2,169	13	32	20	21
Diabetes	-	21	21	-	4,549	4,549	4	6	-	11
Gynaecological . . .	-	1	1	-	44	44	-	-	-	1
Nervous	4	15	19	668	912	1,580	4	1	1	13
Respiratory	22	43	65	368	621	989	51	6	2	6
Rheumatism	7	23	30	135	980	1,115	5	11	2	12
Operations - Tonsils and Adenoids	-	-	-	-	-	-	-	-	-	-
Senile Decay	13	35	48	185	1,693	1,878	7	12	17	12
Other Conditions . .	87	248	335	1,449	5,953	7,402	172	48	14	101
<i>Total</i>	<i>221</i>	<i>537</i>	<i>758</i>	<i>5,129</i>	<i>19,214</i>	<i>24,343</i>	<i>308</i>	<i>142</i>	<i>98</i>	<i>210</i>

CLASSIFICATION OF FIRST VISITS IN AGE GROUPS

Total Number of First Visits Paid ...	...	...	...	...	758
Under 1 year ...	...	...	...	...	3
1 - 4 years ...	...	...	...	...	6
5 - 14 years ...	...	...	...	...	8
15 - 24 years ...	...	...	...	...	12
25 - 34 years ...	...	...	...	...	38
35 - 44 years ...	...	...	...	...	49
45 - 64 years ...	...	...	...	...	173
65 years and over ...	...	...	...	...	469

AGE GROUPS OF CASES VISITED DURING 1966

Diseases	No. of Patients	Under 1 year	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years and over
Abdominal ...	M 11 F 20	- -	- -	1 -	- -	- 3	1 3	6 5	3 9
Accidents ...	M 2 F 6	- -	- -	- -	- -	- -	2 -	- 1	- 5
Amputations ...	M 2 F 2	- -	- -	- -	- -	- -	- -	1 1	1 1
Cancer ...	M 13 F 28	- -	- -	- -	- 1	- 1	1 2	7 9	5 15
Cardiac ..	M 31 F 38	- -	- -	- -	- -	- -	- -	9 12	22 26
Cerebral Haemorrhage ...	M 29 F 57	- -	- -	- -	- -	- -	- -	4 17	25 40
Diabetes .	M - F 21	- -	- -	- -	- -	- -	- -	- 5	- 16
Gynaecological ..	M - F 1	- -	- -	- -	- -	- -	- -	- -	- 1
Nervous ..	M 4 F 15	- -	- -	- -	- -	1 4	2 2	- 5	1 4
Respiratory ...	M 22 F 43	- -	1 2	- 1	- -	3 3	1 7	9 20	8 10
Rheumatism ...	M 7 F 23	- -	- -	- -	- -	- 1	- -	1 6	6 16
Operations - Tonsils and Adenoids ...	M - F -	- -	- -	- -	- -	- -	- -	- -	- -
Senile Decay ...	M 13 F 35	- -	- -	- -	- -	- -	- -	- -	13 35
Other Conditions	M 87 F 248	2 1	2 1	4 2	5 6	6 16	12 16	14 41	42 165
Totals	M 221 F 537	2 1	3 3	5 3	5 7	10 28	19 30	51 122	126 343

NUMBER AND TYPE OF INJECTION GIVEN BY HOME NURSING SISTERS

	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	65 years	65 years and over	Con- vale- scence	Trans- fer to Hosp- ital	Died	Contin- uing at 31st Decr. 1966
Penicillin .	19	36	55	101	216	317	47	8	48	3	2	2
Mersalyl ...	13	15	28	492	492	984	16	12	8	6	6	8
Streptomycin	4	5	9	256	398	654	8	1	6	-	-	3
Imferon ...	2	27	29	34	342	376	18	11	21	3	-	5
Jectofer ...	4	28	32	52	341	393	10	22	25	-	2	5
Cytamen ...	10	65	75	175	1,554	1,729	21	54	7	15	1	52
Autogen B ..	-	1	1	-	48	48	1	-	-	-	-	1
Insulin ...	-	21	21	-	4,549	4,549	5	16	4	6	-	11
Durabolin ..	-	-	-	-	-	-	-	-	-	-	-	-
Cortisone ..	5	11	16	116	248	364	13	3	6	3	-	7
Morphine Sulphate ..	-	-	-	-	-	-	-	-	-	-	-	-
Other Injections	6	9	15	406	429	835	13	2	6	-	1	8
<i>Total</i>	<i>63</i>	<i>218</i>	<i>281</i>	<i>1,632</i>	<i>8,617</i>	<i>10,249</i>	<i>152</i>	<i>129</i>	<i>131</i>	<i>36</i>	<i>12</i>	<i>102</i>

DOMESTIC HELP SERVICE

The Domestic Help Service continued to give most valuable help throughout the year especially for the elderly population. A large proportion of all requests for home helps come from elderly persons most of whom live alone and there is no doubt that this Service helps many elderly persons to cope with life and remain fit. Without it a large number of older people would have to be admitted to hospital or residential homes.

It must also be remembered that the Service provides an essential part of the Maternity Service, allowing mothers to have their babies either in the hospital or at home without the worry of having to look after their homes. There are also many sudden domestic emergencies which put families in stress and which require the assistance of a domestic help.

(i) Number of Domestic Helps employed at end of year ..	117
(a) Whole time ...	58
(b) Part time ...	59
(ii) Number of Cases for which Helps were provided during year	682
(iii) Number of Cases in (ii) dealt with on account of confinement	72
(a) At Home	56
(b) In Hospital	16
(iv) Number of Cases in (ii) provided on account of Chronic Sickness including aged and infirm ..	508

There were forty five new full time cases in the year. Twenty (44.4%) paid the full cost of the service and of the 367 new part-time cases, fifty two (14.2%) paid the full cost of the service to them. The other cases paid for the service according to the assessment made on their income.

The various categories undertaken during 1966 are shown below

	Full time help	Part time help	Percentage of all new cases
Aged	0.6%	99.4%	62.6%
Chronic Sick	9.5%	90.5%	0.7%
Tuberculosis . . . . .	.	100.0%	0.5%
Maternity	43.0%	57.0%	17.0%
Others	14.6%	85.4%	19.1%



Mothercraft and Homecraft Centre
Ardmore Oval

PREVENTION OF THE BREAK UP OF FAMILIES

The Mothercraft and Homecraft Centre has been in operation since August, 1965, and much valuable experience has been gained with problem families. The two House-mothers are coping well with the families undergoing training and they have had a good deal of success in helping families to meet their everyday problems and also their long term difficulties. They have had a considerable influence on the ability of parents to deal with life.

Six families have been under training and two of these families have now reached a stage which approaches normality. The others have benefited to some degree. Although some of the families have not been as successful as others, none of them have regressed to the state in which they were in when training commenced.

At no point in the training is there a takeover of the family's responsibilities, though the way is often unobtrusively smoothed to enable the family to solve its problems with a fair chance of success.

It is hoped that in the long term the basic attitude to life of these families will be altered and as a result the children will have a more satisfactory environment in which to live and grow up.

VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX -

During 1966, 2,880 vaccinations (1,509 primary and 1,371 re-vaccinations) were notified as having been carried out within the Burgh.

	Typical Vaccinia greatest at 7th-10th day	Accelerated (Vaccinoid) reaction 5th-7th day	Reaction greatest 2nd-3rd day	No local reaction	Total
Primary	1,476	4	4	25	1,509
Re-vaccination ...	814	101	402	54	1,371

The number of persons vaccinated increased very considerably this year. This is possibly due to the large number of persons holidaying abroad and to the fact that, owing to the cases of smallpox in England this year, a number of countries insisted on vaccination certificates being produced.

IMMUNISATION AGAINST DIPHTHERIA -

Thirteen years have passed since last there was a case of Diphtheria in the Burgh. This outstanding achievement has only been possible by full scale immunisation in childhood, and it is heartening to see the numbers of children immunised increasing each year.

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS .. Nil.

DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	"	"	"	"	"	"
1953	"	"	"	"	"	"
1954	"	"	"	"	"	"
1955	"	"	"	"	"	"
1956	"	"	"	"	"	"
1957	"	1	"	"	"	1
1958	"	3	"	"	"	3
1959	"	9	"	"	"	9
1960	"	3	"	"	"	3
1961	"	"	"	"	"	"
1962	"	"	"	"	"	"
1963	"	"	"	"	"	"
1964	"	"	"	"	"	"
1965	"	"	"	"	"	"
1966	"	"	"	"	"	"
Total	"	16	"	"	"	16

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION -
PRIMARY INOCULATIONS .. Nil.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION -
MAINTENANCE INOCULATIONS .. Nil.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION
PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-
1953	-	-	-	-	-
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	1	-	-	1
1957	-	-	-	-	-
1958	-	-	-	-	-
1959	-	-	-	-	-
1960	-	-	-	-	-
1961	1	11	3	1	16
1962	5	8	22	3	38
1963	7	18	11	2	38
1964	21	30	33	4	88
1965	212	299	317	10	838
1966	206	161	275	2	644
<i>Total</i>	452	528	661	22	1,663

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION
MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-
1953	-	3	-	-	3
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	1	-	-	1
1957	-	3	-	-	3
1958	-	9	-	-	9
1959	-	5	-	-	5
1960	-	18	4	-	22
1961	-	39	6	-	45
1962	-	6	-	-	6
1963	-	9	-	-	9
1964	-	42	5	-	47
1965	-	11	-	-	11
1966	-	-	-	-	-
<i>Total</i>	-	146	15	-	161

QUADRILIN IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	1	-	-	1
1962	-	-	5	-	-	5
1963	-	-	29	-	-	29
1964	-	-	13	-	-	13
1965	-	-	3	-	-	3
1966	-	-	-	-	-	-
Total	-	-	51	-	-	51

QUADRILIN IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	1	-	-	1
1959	-	-	-	-	-	-
1960	-	-	1	-	-	1
1961	-	-	1	-	-	1
1962	-	-	1	-	-	1
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
Total	-	-	4	-	-	4

DIPHTHERIA AND TETANUS IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	2	-	-	-	2
1957	-	151	-	-	-	151
1958	-	55	-	-	-	55
1959	-	91	-	-	-	91
1960	-	118	-	-	-	118
1961	-	5	-	-	-	5
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
<i>Total</i>	-	422	-	-	-	422

DIPHTHERIA AND TETANUS IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1952 or earlier	-	-	-	-	-	-
1953	-	-	-	-	-	-
1954	-	2	-	-	-	2
1955	-	5	-	-	-	5
1956	-	43	-	-	-	43
1957	-	362	-	-	-	362
1958	-	574	-	-	-	574
1959	-	741	-	-	-	741
1960	-	918	-	-	-	918
1961	-	58	-	-	-	58
1962	-	2	-	-	-	2
1963	-	1	-	-	-	1
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
<i>Total</i>	-	2,706	-	-	-	2,706

TETANUS IMMUNISATION · PRIMARY INOCULATIONS Nil.

TETANUS IMMUNISATION · MAINTENANCE INOCULATIONS Nil.

NUMBER GIVEN ORAL POLIOMYELITIS DURING 1966

Year of Birth	1 Dose only	2 Doses only	3 Doses complete course	4th Dose Booster	Total
1952 or earlier	12	6	82	26	126
1953			3	11	14
1954		2	2	8	12
1955	2	2	2	21	27
1956			6	14	20
1957	3	1	6	24	34
1958	2		12	26	40
1959	1	2	4	28	35
1960	5	2	13	581	601
1961	9	8	45	107	169
1962	15	17	94	39	165
1963	25	9	96	15	145
1964	27	27	161	65	280
1965	69	59	873	20	1 021
1966	85	77	358	.	520
<i>Total</i>	255	212	1,757	985	3,209

NUMBER WHO COMPLETED COURSE OF ORAL POLIOMYELITIS DURING 1966

Year of Birth	Number given 1 Dose (2 doses given 1965)	Number given 2 Doses (1 dose given 1965)	Total
1952 or earlier	4	4	8
1953			
1954			
1955			
1956			
1957			
1958			
1959			
1960			
1961	1		1
1962	3	1	4
1963	2	3	5
1964	24	7	31
1965	88	80	168
1966			
<i>Total</i>	122	95	217

NUMBER GIVEN POLIOMYELITIS INJECTIONS DURING 1966

Year of Birth	1 Injection	2 Injections	3 Injections	4th Injection	Total
1932 or earlier	-	4	5	2	11
1933-1942	-	2	2	-	4
1943-1960	-	11	7	16	34
1961	-	-	-	-	-
1962	-	-	-	-	-
1963	-	-	-	-	-
1964	-	-	2	-	2
1965	-	1	1	-	2
1966	-	-	-	-	-
<i>Total</i>	-	18	17	18	53

Since the introduction of oral poliomyelitis vaccine the use of injectible vaccine has considerably decreased, but is still used under special circumstances. A small supply of this special vaccine is kept in the Public Health Department for use by General Practitioners.

TUBERCULOSIS

There was a very substantial decrease in the notifications both of respiratory and non-respiratory tuberculosis in 1966. Forty-one cases of respiratory tuberculosis were notified and two of non-respiratory tuberculosis. The corresponding figures for 1965 were sixty-five cases of respiratory tuberculosis and six of non-respiratory tuberculosis. This is a very heartening success and shows the value of a long term programme of control in the community. Only by constant vigilance and effort can the problem of tuberculosis be overcome.

The deaths from respiratory tuberculosis showed a slight increase from 1965 but even at this, was still below the level of any of the previous years.

During the latter part of 1966 a Mass Miniature Radiography Survey of elderly people in Paisley was carried out. A very satisfactory response was obtained despite the fact that inclement weather made it difficult for the elderly to attend to be x-rayed. A great deal of help was obtained from the Old Peoples' Clubs in Paisley, and much of the success of the project was due to them and the way in which they co-operated with the Health Department. While the Survey was being carried out the opportunity was taken of examining residents in the Model Lodging House and in the Welfare Homes, and a number of younger staff members of the Corporation were also examined.

The result of the Survey was most encouraging in that the incidence of probably active pulmonary tuberculosis is appreciably lower than might have been expected from the recorded incidences of these groups in recent years. It is to be hoped that this tendency reflects the large amount of work in the control of tuberculosis which has been carried out in recent years amongst the elderly and that a steady decrease in notifications of tuberculosis will be noted in future years

Year	Notifications			Deaths			
	Number of Cases		New Cases of Respiratory Disease per 1 000 population	Number of Deaths		Rate per 1,000 population	
	Respira- tory	Non Respira- tory		Respira- tory	Non Respira- tory	Respiratory Deaths	Deaths from all forms of Tuberculosis
1957	107	6	1 10	23	1	0.24	0.25
1958	137	5	1.40	15		0.16	0.16
1959	38	5	0.40	16	1	0.17	0.18
1960	48	2	0.49	16	..	0.16	0.16
1961	71	9	0.73	18	..	0.19	0.19
1962	76	13	0.78	12	1	0.12	0.13
1963	62	7	0.64	17	.	0.18	0.18
1964	69	3	0.71	17	-	0.18	0.18
1965	65	6	0.73	7	..	0.07	0.07
1966	41	2	0.43	11		0.11	0.11

In 1966 new cases of Respiratory Tuberculosis notified numbered forty-one (0.43 per 1,000) as against sixty-five (0.73 per 1,000) in 1965. The peak year was 1950 with 203 (2.09 per 1,000) new cases notified.

Table 4 shows the number of tuberculosis cases notified during 1966. These are divided into Respiratory and Non-Respiratory and arranged according to age and sex.

NOTIFICATIONS BY AGE AND SEX

		Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 65 years	65 years and over	Total
Respiratory	Males ...	-	-	1	-	5	-	17	4	27
	Females ..	-	-	-	4	2	3	3	2	14
	Total ...	-	-	1	4	7	3	20	6	41
Non-Respiratory	Males ...	-	-	-	-	-	-	-	-	-
	Females ..	-	-	-	1	1	-	-	-	2
	Total ...	-	-	-	1	1	-	-	-	2
RESPIRATORY AND NON-RESPIRATORY	Males ...	-	-	1	-	5	-	17	4	27
	Females ..	-	-	-	5	3	3	3	2	16
	Total ...	-	-	1	5	8	3	20	6	43

The mortality from Respiratory Tuberculosis during 1966 was 0.11 per 1,000 of population and compares with the rate of 0.07 in 1965.

KNOWN CASES WITHIN THE AREA AND ON TUBERCULOSIS REGISTER

	<u>Respiratory Tuberculosis</u>	<u>Non- Respiratory Tuberculosis</u>	<u>Total</u>
At 31st December 1959	1,098	91	1,189
1960	949	93	1,042
1961	947	102	1,049
1962	852	113	965
1963	840	101	941
1964	871	103	974
1965	919	64	983
1966	914	53	967

Age and Sex distribution of all known Cases within the Burgh at 31st December 1966

			Cases in Age Groups							
			Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 65 years	65 years and over	Total
RESPIRATORY	Males . . .		1	16	24	79	119	226	51	516
	Females . . .			5	28	81	148	125	11	398
NON-RESPIRATORY	Males . . .			6	5	8	6	2		27
	Females . . .			4	3	7	5	5	2	26
RESPIRATORY AND NON-RESPIRATORY			Males							543
			Females							424
										967

Number of Persons who died from Tuberculosis within the Burgh during 1966
with particulars of period elapsing between notification and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at or after death	2			
Notified less than 1 month before death	1		-	
Notified from 1 - 3 months before death				
Notified from 3 - 6 months before death	1			
Notified from 6 - 12 months before death	1	1	-	-
Notified from 1 - 2 years before death	1			
Notified over 2 years before death	2	1	-	
Total	9	2		

Number of Cases of Respiratory Tuberculosis which received treatment in
Sanatoria during the year 1966

		Number of Patients				
		In Sanatoria on 1st January 1966	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31st December 1966
Under 15 years	Males ...	1	-	1	-	-
	Females ..	-	-	-	-	-
15 - 44 years	Males ...	12	14	21	2	3
	Females ..	5	21	24	-	2
45 years and over	Males ...	7	32	22	9	8
	Females ..	3	13	8	1	7
	<i>Males ...</i>	<i>20</i>	<i>46</i>	<i>44</i>	<i>11</i>	<i>11</i>
	<i>Females ..</i>	<i>8</i>	<i>34</i>	<i>32</i>	<i>1</i>	<i>8</i>
	<i>Total</i>	<i>28</i>	<i>80</i>	<i>76</i>	<i>12</i>	<i>20</i>

No cases of tuberculosis were awaiting admission to hospital at the end of 1966.

MASS MINIATURE RADIOGRAPHY SURVEY OF ELDERLY PEOPLE IN PAISLEY
OCTOBER · DECEMBER 1966

A Survey of elderly people in Paisley was carried out towards the end of 1966, and despite the inclement weather a very satisfactory response was obtained. The Survey was carried out with the co-operation and help of the Old Peoples Clubs in Paisley and thanks are due to them for their co-operation.

The opportunity was taken of carrying out examinations in the Paisley Model Lodging House and in the Welfare Homes and a number of younger staff members were also examined.

The Survey is most encouraging in that the incidence of probably active pulmonary tuberculosis is appreciably lower than might have been expected from the recorded incidences in the older age groups in recent years. It is to be hoped that this tendency reflects the large amount of work which has been carried out in recent years amongst the elderly and that a steady decrease in tuberculosis will be noted in future years.

The disposal of cases followed the usual lines. Those with significant abnormalities were informed of the result and reports were sent to their own doctors. Those requiring further assessment will have been given an opportunity of attending the Chest Clinic, to which copies of the reports and the full sized films were sent.

MASS MINIATURE RADIOGRAPHY SURVEY OF ELDERLY PEOPLE IN PAISLEY

OCTOBER - DECEMBER, 1966

	East End		Kewtucky		Foxbar		Tennhill		North		Abbey		Hunterhill		Craigielea		Middle		Glenburn		Brediland		Ferguslie		TOTAL		T
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	F		
Number examined ...	43	118	40	84	30	71	25	91	19	66	13	55	19	48	13	75	25	35	31	87	11	41	6	68	275	839	1,114
Recalled for large film ...	6	10	9	1	3	3	-	4	1	3	-	1	3	2	1	7	4	3	3	6	1	4	-	4	31	48	79
Pulmonary Tuberculosis -																											
? Active ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	5	1	10
? Inactive ...	-	-	1	-	1	1	-	1	-	-	-	1	-	1	-	1	-	1	1	1	1	-	1	9	52.0	8.9	21.1
Inactive ...	2	-	1	-	1	-	1	1	1	-	1	-	-	-	1	-	2	-	-	-	-	-	-	-	2	11	
Known ...	3	-	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	5	18.5	6
Total ...	5	-	4	-	2	1	1	2	1	-	1	1	1	1	1	1	2	1	1	1	1	-	1	19	70.6	11.3	27.8
Other Abnormalities -																											
Bronchial thickening ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	1	-	-	-	2	3	5
Pleural thickening ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Retro Sternal thyroid ...	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	6	6
? Diaphragmatic hernia ...	-	2	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	2	2
Diaphragmatic hernia ...	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Acquired heart condition ...	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Cardiac enlargement ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

PAISLEY MODEL LODGING HOUSE AND WELFARE HOMES

NOVEMBER - DECEMBER 1966

	Lodging House		R.A.I., Part III		Speirsfield House		Stanely House		Total			AGE AND SEX STATISTICS		
	M	F	M	F	M	F	M	F	M	F	T	M	F	Total
Number examined ...	82	46	25	5	19	6	15	139	59	198		25 - 34 ...	5	5
Recalled for large film ...	7	9	3	2	1	-	-	18	4	22		35 - 44 ...	11	16
Pulmonary Tuberculosis -												45 - 59 ...	11	30
? Active ...	-	3	-	-	-	-	-	3	-	3		60+ ...	97	347
? Inactive ...	2	1	-	2	-	-	-	5	-	5		65+ ...	287	914
Inactive ...	4	1	-	-	-	-	-	1	1	2		Total	414	898
Known ...	1	1	-	-	-	-	-	-	-	-				1,312
Total ...	6	6	1	2	-	-	-	14	1	15				
Acquired heart condition ...	-	-	-	-	1	-	-	-	1	1				

CONTACT CONTROL

In addition to normal x-ray of adults and Mantoux positive children, we were faced with the problem of a large number of contacts in senior classes in one school and made use of M.M.R. to deal with this situation. These figures are shown below.

Child contacts who are shown as being Mantoux negative were offered B.C.G. Vaccination.

	Tested		Mantoux Negative		Mantoux Positive		X-Rayed		No Tuberculosis		Suspicious or Active T.B.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Adults	-	-	-	-	-	-	52	86	52	85	-	1
Children	30	29	19	13	11	16	11	16	10	14	1	2
Children x-rayed by M.M.R. . . .	-	-	-	-	-	-	387	-	387	-	-	-
Adults x-rayed by M.M.R. . . .	-	-	-	-	-	-	16	10	16	10	-	-

	Male	Female	Total
Contacts Mantoux Tested	30	29	59
Contacts X-rayed	52	86	138
Contacts X-rayed by M.M.R.	403	10	413
<i>Total Contacts</i>	<u>485</u>	<u>125</u>	<u>610</u>
Number of suspicious or active cases found ..	<u>1</u>	<u>3</u>	<u>4</u>

B.C.G. VACCINATION -

This is regarded as a most useful adjunct to the control of tuberculosis, especially in infants. Wherever possible, every newly born baby is vaccinated against tuberculosis, and all school children are given an opportunity of being vaccinated.

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	39	-	11	-	11
Medical Students ..	-	-	-	-	-	-
Contacts	30	29	19	13	19	13
School Leavers . . .	723	788	592	660	568	640
Newborn Babies . . .	-	-	-	-	793	818
Students	-	-	-	-	-	-
Others	56	62	51	47	50	45
<i>Total</i>	<i>809</i>	<i>918</i>	<i>662</i>	<i>731</i>	<i>1,430</i>	<i>1,527</i>

B.C.G. VACCINATION IN SCHOOLS 1966 -

In 1966 as in 1965 all school children who were found to be Mantoux positive were x-rayed in order to make certain that their chests were free from infection.

All children born between September, 1952 and June, 1953 were offered B.C.G. together with children over this age not already vaccinated.

The Table below shows an analysis of the vaccinations carried out in schools.

	Tested		Mantoux +ve No Prev. B.C.G.		Percentage +ve No Prev. B.C.G.		Mantoux -ve		Percentage -ve		Defaulters		Percentage		X-Ray		B.C.G.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Leavers	723	788	50	45	6.91%	5.71%	592	660	81.88%	83.75%	6	3	.82%	.38%	115	115	568	640
Total	723	788	50	45	6.91%	5.71%	592	660	81.88%	83.75%	6	3	.82%	.38%	115	115	568	640

No Contact Classes were done in School during 1966.

Percentage Negative Reactors : M.81.88%, F.83.75%.

No abnormalities found in Mantoux +ve reactors on X-ray.

Percentage Natural Positives : M. 6.91%, F. 5.71%.

CHIROPODY

During the year measures were taken to improve the Domiciliary Service and to expand the work at the branch Clinics.

Patients residing in the area of the branch Clinics receive their initial treatment at the Central Clinic and thereafter routine treatment at the branch Clinics.

As the facilities available at the branch Clinics become more widely known more and more patients have asked to be treated there. They now serve a total of 362 patients, Glenburn having 156 and Ferguslie 206.

The Chiropody Service operates in co operation with the Geriatric Clinics, and as a result a number of new patients have been found requiring chiropody.

Changes in the administration of the Domiciliary Service were carried out resulting in the patient receiving advance notice of the Chiropodist's visit so that arrangements can be made for the patient to be in when the Chiropodist calls. In addition a statement is signed by the patient on completion of treatment showing that satisfactory treatment has been carried out. There are at present 324 patients receiving domiciliary treatment.

A further extension of the service is now desirable. Pregnant women and school children need chiropody just as much as elderly people, and consideration will have to be given to provide it for them.

The following figures give the statistics for the year -

	CENTRAL CLINIC		FERGUSLIE CLINIC		GLENBURN CLINIC		DOMICIL IARY		INSTITUTIONAL					
									R. A. I Annexe		Stanely House		Speirs- field House	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
First Visits	88	172					26	67	16	18	1	2		4
Return Visits	1378	4674	362	1278	243	895	405	1231	323	354	76	112	62	117
Number of Treatments	1466	4846	362	1278	243	895	431	1298	339	372	77	114	62	121
<i>Total Treatments</i>										<u><u>11,904</u></u>				

The total of 11,904 treatments shows an increase compared with the 11,772 treatments carried out in 1965

CHIROPODY TREATMENTS - 1966

	Total Number of Treatments given	Total Number of sessions worked	Average Number of Treatments given per session	Average Number of Appointments made per session
Local Health Authority Clinics -				
Central Clinic	6,312	1,356	4.6	4.8
Ferguslie Clinic	1,640	467	3.5	3.8
Glenburn Clinic	1,138	289	3.9	4.2
Domiciliary Visits	1,729	399	4.3	4.6
Institutional Visits -				
P.A.I. Annexe	711	84	8.4	8.4
Stanely House	191	21	9.1	9.1
Speirfield House	183	20	9.1	9.1

WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948

One private day nursery (Fairhill) was in operation during 1966.

During the year 53 children of ages ranging from 3 years to 5 years were admitted. Of these children none attended for a full day, and all attended half-day only.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Admissions . . .	31	22	53
Number of Discharges . . .	25	28	53

The reasons for the 53 children being admitted were as follows -

Children preparing for School . . .	...	...	...	45
Children whose mothers are at work ..	...	...	...	5
Deaf Children ..	...	...	...	2
Backward Child .	...	...	...	1

The incidence of Infectious Diseases was as follows -

Chickenpox . . .	...	...	...	...	12
Whooping Cough .	...	...	...	...	4
German Measles .	...	...	...	...	5
Measles .	...	...	...	...	21
Gastro Enteritis	...	...	...	...	2
Mumps . . .	...	...	...	...	4

A number of enquiries were received during the year from individuals interested in operating private Nurseries or 'Play Groups'. Each of these enquiries was dealt with by a discussion with the person asking for Registration, and a full investigation of the facilities which they were offering. As a result all of them withdrew their applications after being made aware of the difficulties involved in running a Day Nursery.

SCHOOL HEALTH SERVICE

There has been an upward trend during the session in the amount of work done by the School Health Service compared with 1965. This is due to the recruitment of staff to vacant positions. However the figures for re-examinations and home visits are still lower than 1965 and this is unfortunate since the figures for both of these types of examination should be high if the School Health Service was maintaining an adequate contact with children in need of supervision. So long as the School Health Service is understaffed the pressure of work will remain and there will be a continuing difficulty in meeting all the existing priorities.

At the beginning of the session two minor ailment clinics were transferred from the Russell Institute to the new clinic in Ferguslie Park in order to encourage attendance for treatment of the Ferguslie children. The response has been very good, the number of children attending nearly doubling. In fact the volume of work has seriously overloaded the Clinic. In addition at the beginning of the Session there was a request by the Ferguslie Schools for further services on account of social problems and certain social diseases, including infestation. A 'blitz' was arranged in the schools concerned and this increased the number of inspections for cleanliness by about 1,500. It had the effect of improving the standard of cleanliness in the schools for a short period but the intervention of school holidays retarded progress. It is quite clear that more drastic and more permanent arrangements will have to be made for this difficult problem in the schools.

Health Education in schools continues in its customary form, but it is obvious that this must change in the future. Health Education must comprise such things as sex education, homecraft and publicity against smoking, as well as the more routine items normally tackled by Health Education teams. An extension of the work to include elementary first aid must also be considered.

On 16th March 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1965 the agreed arrangements continued to operate satisfactorily. The following Tables contain some facts on the work carried out during the school session 1965/1966 within the Burgh of Paisley.

GENERAL STATISTICS -

Population of Area (Paisley)	95,447
Number of Primary Schools under Education Authority	19
Number of Secondary Schools under Education Authority ..	4
Number of Secondary Schools under Education Authority with Primary Departments	8
Number of Special Schools serving the Area	3
Number of Special Classes in Ordinary Schools	-
Number of Children on the Registers	19,303
Number of Children in average attendance	17,798

Number of Children examined at Routine Medical Inspections -

Nursery Schools	112
Entrants	1,971
Born : 1956	1,528
1952	1,687
1949	519
1958 (Vision and Hearing only)	1,472

TOTAL NUMBER OF CHILDREN EXAMINED	...	7,289
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Number of Re-examinations	72
Number of Non-routine Examinations and Cleanliness Examinations	14,031
Number of Home Visits	...	...	...	...	...	63
Number attending Medical Officer's Clinic	...	...	...	...	...	698
Number of Children examined for School Camps	..	...	...	...	...	444
Number of Examinations made for Children attending School Camps	...	...	...	...	...	850
Number of Children examined for Licence to work outwith School Hours	207

TOTAL NUMBER OF EXAMINATIONS	...	16,365
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	New Cases	Total Attendances
Number of Children treated at Minor Ailments Clinic for -		
Injuries, Cuts, Bruises, etc.	35	131
Diseases of Ear, Nose and Throat	30	148
Diseases of the Eye	36	151
Diseases of the Skin	1,021	4,027
Other Conditions	288	2
<i>Totals</i> ...	<i>1,410</i>	<i>4,459</i>

SCHOOL YEAR SEPTEMBER 1965 to JUNE 1966

TABLE II

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

								No. of Defects	Nurses' Non-Routine Special Cases
1. CLOTHING -									
Unsatisfactory								-	15
2. FOOTWEAR -									
Unsatisfactory								1	Nil.
3. UNCLEANLINESS -									
(a) Head								37	910
(b) Body								7	27
4. SKIN -									
(a) Head - Ringworm								-	-
Impetigo								2	3
Other Diseases								118	5
(b) Body - Ringworm								1	-
Impetigo								-	-
Scabies								6	8
Other Diseases								187	-
5. NUTRITIONAL STATE -									
Slightly defective								109)	-
Bad								20)	-
6. MOUTH AND TEETH -									
Unhealthy								342	-
7. NASO-PHARYNX -									
(a) Nose - (i) Obstruction, requiring observation								64)	1
(ii) Obstruction, (probably adenoids), requiring operative treatment								24)	
(iii) Other conditions								110)	
(b) Throat - (i) Tonsils requiring observation								187)	1
(ii) Tonsils requiring operative treatment								54)	
(c) Glands - (i) Requiring observation								32)	-
(ii) Requiring operative treatment								1)	
8. EYES -									
(a) External Diseases - Blepharitis								53)	3
Conjunctivitis								6)	
Corneal Opacities								4)	
Strabismus								109)	
Other Diseases								7)	
(b) Visual Acuity - Number examined								5,690	69
With Glasses - Good								276)	
Fair								3)	
Bad								1)	
Without Glasses - Good								5,327)	
Fair								48)	
Bad								35)	

Referred for Refraction . . . 83

SCHOOL YEAR · SEPTEMBER 1965 to JUNE 1966

TABLE II (continued)

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

						No. of Defects	Nurses' Non-Routine Special Cases
9. EARS -							
(a) Diseases .. Otorrhoea ..	...	...	...	...	...	47)	2
Other Diseases ..	...	...	...	...	...	20)	
(b) Defective Hearing .. Grade I ..	...	...	...	...	...	8)	
Grade IIa	...	...	...	...	...	-)	6
Grade IIb	...	...	...	...	...	1)	
Grade III	...	...	...	...	...	2)	
10. SPEECH -							
Defective Articulation ..	...	...	...	...	...	14)	6
Stammering ..	...	...	...	...	...	3)	
11. MENTAL AND NERVOUS CONDITION "							
(a) Backward ..	...	...	...	...	...	4)	
(b) Dull ..	...	...	...	...	...	-)
(c) Mentally defective (educable)	...	...	...	...	...	-)	-
(d) Mentally defective (ineducable)	...	...	...	...	...	-)
(e) Highly nervous unstable ..	...	...	...	...	...	8)	
(f) Difficult in behaviour ..	...	...	...	...	...	67)	
12. CIRCULATORY SYSTEM "							
(a) Organic Heart Disease "							
(i) Congenital ..	...	...	...	...	...	22)	
(ii) Acquired ..	...	...	...	...	...	4)	-
(b) Functional Conditions ..	...	...	...	...	...	64)	
13. LUNGS -							
Chronic Bronchitis ..	...	...	...	...	...	15)	
Suspected Tuberculosis ..	...	...	...	...	...	4)	1
Other Diseases ..	...	...	...	...	...	53)	
14. DEFORMITIES -							
(a) Congenital ..	...	...	...	...	...	22)	
(b) Acquired (Infantile Paralysis)	...	...	...	...	...	9)	
(c) Acquired (Probable Rickets) ..	...	...	...	...	...	46)	-
(d) Acquired (Other Diseases) ..	...	...	...	...	...	43)	
15. INFECTIOUS DISEASES ..	...	...	...	...	...	2	-
16. OTHER DISEASES OR DEFECTS ..	...	...	...	...	...	143	-

REFERRED TO SPECIALIST CLINICSTABLE III

	New Cases	Total Attendances
Eye Specialist	351	450
E.N.T. Specialist	285	619
Audiometric Clinic	953	1,023
Orthopaedic Specialist ..	171	377
Skin Specialist	81	252
Remedial Exercises Clinic	248	3 642
<i>Totals</i> ..	2,089	6,363

CHILDREN TREATED AT MINOR AILMENT CLINICTABLE IV

	New Cases	Total Attendances
Injuries, Cuts, Bruises etc. ..	35	131
Diseases of Ear, Nose and Throat	30	148
Diseases of the Eye	36	151
Diseases of the Skin	1,021	4 027
Other Conditions	288	2
<i>Totals</i> ..	1 410	4,459

REPORT ON INFESTATION AT A SCHOOL IN PAISLEY

One of the schools in the Ferguslie Park area was particularly troubled by infestation in the children attending the school and the Headmaster asked the Health Department to pay special attention to this problem. Help was willingly given and took the form of the allocation of a special team of Doctors and Health Visitors who carried out a thorough examination of the children in the school.

The first inspection took place over a period of three days and the findings were as follows

<u>No. of Inspections</u>	522
Clean	336
Dirty	124
Absent	62

The second inspection took place about a month later over a period of two days and the findings were as follows

<u>No. of Inspections</u>	165
Clean - now dirty	21
Dirty (both inspections)	75
Dirty - now clean	46
Absent	28

On the whole it was found that the inspections plus the intensive process of cleansing which had taken place between the two inspections had proved satisfactory, although a high proportion of children were dirty at both inspections. The main result was a general increased level of cleanliness throughout the school

Since then special attention has been paid to this school and special cleanliness clinics have been set up to treat infested children. This has resulted in a substantial decrease in the numbers of children found to be infested at subsequent examinations.

MENTAL HEALTH

1966 was a year of consolidation for the Mental Health Service, a year in which strong ties were forged with the Hospital Service and the General Practitioners.

During the year the Town Council decided that the arrangement whereby Welfare Officers carried out part-time duties as Mental Health Officers should be changed and two full-time Mental Health Officers now carry out the work. These Mental Health Officers work completely within the Health Department and it has been found that this is a very satisfactory arrangement. They have been engaged in a fundamental assessment of the position in Paisley and in due course will make recommendations for the improvement of the Mental Health Services.

Discussions have taken place with the Mental Hospital Authorities to institute Psychiatric Clubs in the Local Authority Clinics and arrangements have been made for these to start shortly.

A Day Care Centre for mentally handicapped children is being made ready and will be in operation shortly, and there are proposals for residential accommodation for mentally ill persons in the community.

The present Occupation Centres are taxed to the limit and it is obvious that new purpose-built Centres will be required in the near future. Discussions about the type and size of the Centres have been started and it is quite possible that a start can be made on the construction of the Centres fairly soon.

During 1966, fifty cases of mental illness were admitted to hospital, all of whom were certified.

During 1966, four cases of mental deficiency were certified. Four cases (two males and two females) were admitted to an institution.

It was not necessary to re-certify any defectives attaining the age of 16 years. Three cases were placed under guardianship.

The waiting list for admission to an institution at the end of the year numbered three (three females).

CHILDREN REPORTED BY THE EDUCATION AUTHORITY -

	Number reported during year	Number of cases now			Number of cases awaiting			Cases on which no action found necessary	Cases on which action found necessary but now completed
		attending local health authority or voluntary centre	receiving other form of care from local health authority	in hospital	place in an occupation or work centre	other local health authority care	hospital admission		
Children reported to the authority under Section 65 of the Education (Scotland) Act, 1962 ...	-	-	-	-	-	-	-	-	-
Children reported to the authority under Section 66 of the Education (Scotland) Act, 1962 ...	4	-	3	1	2	1	-	-	1

MENTALLY HANDICAPPED CHILDREN IN ORDINARY DAY NURSERIES -

Number of day nurseries attended by mentally handicapped children as well as other children (as at end of year)	Mentally handicapped children			
	Total Number on register at end of year (all children)	Average daily attendance during year (all children)		Average daily attendance during year
		Male	Female	
4	229	194	7	5.1
		6		4.9

MENTAL HEALTH SERVICES

GUARDIANSHIP, SUPERVISION AND AFTERCARE

PATIENTS UNDER GUARDIANSHIP OR INFORMAL CARE (as at 31st December 1966) -

	Mental Defectives		Mentally Ill	
	Male	Female	Male	Female
1. No. of Persons under statutory guardianship for whom the authority are 'local health authority concerned' (whether resident in or outside the authority's area)	2	2	2	-
2. No. of Persons included in 1 under the guardianship of the authority	-	-	-	-
3. No. of Persons included in 1 resident outside the area of the authority ...	-	-	2	-
4. No. of Persons in the area who are not under guardianship but are receiving regular visits from the authority's staff	31	21	10	87

RESIDENTIAL ACCOMMODATION -

ACCOMMODATION PROVIDED BY THE LOCAL AUTHORITY -

	Name of home or hostel	Normal age group accommodated in the home or hostel	Number of places provided		Number of mentally disordered in residence at end of year		Number of admissions during year (mentally disordered persons)	
			M	F	M	F	M	F
Homes or hostels provided primarily for other purposes (a) Mentally ill	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	9	13	1	5
(b) Mental Defectives	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	7	11	1	-

RESIDENTIAL ACCOMMODATION -ACCOMMODATION PROVIDED BY ARRANGEMENT WITH OTHER BODIES -

	Number of homes or hostels in which accommodation provided during year	Number of mentally disordered in residence at end of year		Total number of admissions during year (Mentally disordered persons)	
		Male	Female	Male	Female
1. In homes or hostels specifically for the mentally disordered -					
(a) Mentally Ill	-	-	-	-	-
(b) Mental Defectives ..	8	28	11	1	4
2. In homes or hostels primarily for other purposes -					
(a) Mentally Ill	-	-	-	-	-
(b) Mental Defectives ..	-	-	-	-	-

NUMBER OF HOME VISITS 1st JANUARY 1966 - 31st DECEMBER 1966 -

Visits in respect of	By local authority's staff					By voluntary organisations under arrangements with the authority
	Medical Officers	Health Visitors	P.S.Ws.	Mental Welfare Officers	Others	
1. Mental defectives under guardianship	4	-	-	9	-	-
2. Mental defectives under informal supervision	-	-	-	193	-	-
3. Mentally ill under guardianship	-	-	-	6	-	-
4. Mentally ill under informal care	-	802	-	102	-	-

SENIOR CENTRES -

Address	Number of Places		Total Number on register at end of year				Average daily attendance during year				Number of Sessions per week		Number of qualified staff		Number of other staff	
	M.	F.	Male		Female		Male		Female		Number of Sessions per week		w.t.	p.t.	w.t.	p.t.
			w.t.	p.t.	w.t.	p.t.	w.t.	p.t.	w.t.	p.t.						
O, W or C	(a)	(b)														
Oakshaw ... C	70	-	22	-	-	-	42	-	-	-	10		3	-	4	-
Mary Russell Centre for Girls ... C	-	50	-	-	20	-	-	-	36	-	10		4	-	-	-

71.

Number of mental defectives over 16 considered suitable for a local health authority senior centre and awaiting a vacancy :

Male - Nil;

Female - Nil;

TRAINING AND OCCUPATION (MENTALLY ILL) -

CENTRES - None available.

Number of mentally ill persons considered suitable for a work or occupation centre and awaiting a vacancy :

Males - Nil.

Females - Nil.

WORK UNDER THE NATIONAL ASSISTANCE ACT

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Speirsfield House was opened as an Old People's Home and in April, 1957, Stanely House was opened to implement this accommodation.

The statistics for these Homes for 1966 were -

	Admitted		Discharged		Transferred to Hospital		Died		On Leave		Left of own accord	
	M	F	M	F	M	F	M	F	M	F	M	F
Speirsfield House	-	5	-	-	-	3	-	1	1	1	-	1
Stanely House ..	1	13	-	-	-	10	-	1	1	6	-	-

Apart from those resident in Speirsfield House and Stanely House, others were cared for in such places as -

Royal Alexandra Infirmary Annexe; Barshaw Hospital;
Gleniffer Home;
Flanders House; and
With Other Local Authorities.

In addition to the aged and infirm the Town Council are responsible in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; The Epileptic Colony, Bridge of Weir; Cairnhill Home, Airdrie, and in various other Local Authority Institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures -

Number of Registered Blind Persons	...	...	...	...	...	168
Number of Deaf and Dumb Persons	...	...	...	...	...	104
Number of Physically Handicapped Persons (i.e. Cripples)	...	...	...	...	...	110

There were no Compulsory Removals during the year under Section 47 of the National Assistance Act, 1948.

Another provision of the National Assistance Act is the power it gives to local authorities to care for and to protect the property of persons admitted to hospitals or other institutions, During 1966, seven cases were dealt with.

Twenty-three burials of persons who had no relatives willing and able to bury them were carried out during the year.

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961

Part I of the Act

1. INSPECTIONS for purposes of provisions as to Health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	276	96	3	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers premises)	35	18	1	-
<i>Total</i>	322	114	4	-

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3) ...	-	-	-	-	-
Inadequate ventilation (S.4) ...	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7) -					
(a) Insufficient	3	2	-	3	-
(b) Unsuitable or defective ...	3	2	-	-	-
(c) Not separate for sexes ...	1	-	-	-	-
Other offences against the Act (not including offences relating to Out-Work)	-	-	-	-	-
Total	7	4	-	3	-

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices Served (6)	Prosecu- tions (7)
Wearing Apparel -						
Making, etc. ...	1	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
Household linen ...	-	-	-	-	-	-
Lace, lace curtains and nets ...	-	-	-	-	-	-
Curtains and furniture hangings ...	-	-	-	-	-	-
Furniture and upholstery ..	-	-	-	-	-	-
Electro-plate ...	-	-	-	-	-	-
Brass and brass articles ...	-	-	-	-	-	-
Fur pulling ..	-	-	-	-	-	-
Iron and steel cables and chains ..	-	-	-	-	-	-
Iron and steel anchors and grappels	-	-	-	-	-	-
Cart gear ...	-	-	-	-	-	-
Locks, latches & keys	-	-	-	-	-	-
Umbrellas, etc. ...	-	-	-	-	-	-
Artificial flowers ...	-	-	-	-	-	-
Nets, other than wire nets ...	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquets and tennis balls ...	-	-	-	-	-	-
Paper bags ...	-	-	-	-	-	-

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134) (continued)

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1)(c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices Served (6)	Prosecu- tions (7)
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-
File Making	-	-	-	-	-	-
Brush making	-	-	-	-	-	-
Pea Picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding, etc. of buttons, etc.	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas crackers, Christmas stockings, etc. ...	-	-	-	-	-	-
Textile weaving	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
<i>Total</i>	<i>1</i>	-	-	-	-	-

PAISLEY HOME SAFETY COMMITTEE

REPORT ON CAMPAIGN

'PREVENTION OF ACCIDENTAL POISONING IN THE HOME'

Prevention of Accidental Poisoning was the theme of an extensive Campaign launched by Paisley Home Safety Committee against the keeping of unused or unwanted drugs and medicines in the home. The Campaign commenced on 7th February, 1966 and covered a period of four weeks.

The Medical Officer of Health, first circularised all Local Pharmacists asking for their co-operation by displaying notices in their premises urging the public to hand in unused or unwanted drugs. Local Medical Practitioners were also invited to co-operate by giving similar advice to their patients.

During the course of the Campaign, the Medical Officer of Health and the Chairman of the Paisley Home Safety Committee, Ex-Bailie James Knox, both had several letters relating to the Campaign, published in the local Press.

Large quantities of Posters and Leaflets were distributed throughout the town, and small display stands were erected in the local Health Clinics and Public Library.

The following exhibits were arranged by the Public Health Department -

- (a) Plants, all of which were of a poisonous nature.
- (b) Teaspoons of varying size to illustrate the possible danger in administering medicine by the teaspoon method of measurement.
- (c) Pills, capsules and tablets which could be mistaken by children for sweets.
- (d) 'Don't let this be your Kitchen', a collection of items illustrating the danger of incorrect storage of bleach, ammonia, disinfectant, lemonade, etc.

The Campaign appears to have made an impact generally on the public and the results shown by the figures returned by Chemists to the Medical Officer of Health are encouraging.

ITEMS RETURNED TO CHEMISTS

	<u>Boxes of Tablets</u>	<u>Bottles of Liquid Medicines</u>	<u>Others (salves, etc.)</u>
Latest figures	375	69	32

It can be assumed that the public is now more aware of the dangers of leaving unused medicines lying around the house.

It is interesting to discover that drugs and medicines continue to be handed over to Chemists and the Committee has now decided to follow up the Campaign with further publicity.

The enthusiasm shown by the Chemists has been much appreciated and they are to be complimented on their co-operation.

HEALTH EDUCATION

Health Education is generally thought to consist principally of talks and lectures given to specific audiences, but in fact it is carried out throughout the year by the Health Department in every aspect of their work. The best health educator is the member of the Health staff who genuinely believes in the value of the work he is doing and who conveys this enthusiasm to the public at large. This is particularly so in getting over to the public the harmful effect of smoking. The value of such advice is diminished if it is known that the person is a smoker himself.

As with smoking so with all other aspects of health education. The person pursuing a healthy life is the one most likely to make converts.

Health Education was carried out in the schools as part of a specific programme and its content is being widened to embrace most aspects of life. In addition members of the Health Department were in great demand by Organisations seeking their services as speakers on topics of health.

PAISLEY HOME SAFETY COMMITTEE

HOME SAFETY CAMPAIGN

'ACCIDENTAL POISONING IN THE HOME'

7th FEBRUARY - 5th MARCH 1966

HOME SAFETY CAMPAIGN



Poisonous Drugs KILL

Hand in unwanted drugs
and medicines to your
nearest Chemist now to
be destroyed

causes of death
from poisoning
are
BARBITURATES !

sales
near week from Aspirin
near day from Barbiturates

Int. Soc. Publication
of Poisoning Cases
increasing.

...
accidental & suicidal

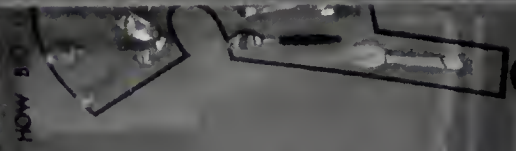
3,926
5,331
5,817
6,716

SMILE AND CHASE
Can you tell the
difference?

Could you expect a child
to notice the difference?

CHILD-PROOF
MEDICINE CABINET

THE 3 R's
TAKE YOUR MEDICINE
IN THE RIGHT AMOUNT
AT THE RIGHT TIME
FOR THE RIGHT PURPOSE



HOW DO

ON

MEASURE YOUR MEDICINE



ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRA INFIRMARY - 1966

Total new Patients treated initially in the Casualty Department ...	26,486
Total Burgh of Paisley Patients classified as accidents in the Home ..	2,684

			<u>% of Home Accidents</u>	<u>Deaths</u>
<u>0 - 4 YEARS -</u>				
Burns ..	...	141	16.0%	
Gassing	...	-	-	
Cuts and Sprains and Injuries	...	459	53.0%	
Others .	...	265	31.0%	
Total	865		32.3%	
<u>5 - 15 YEARS -</u>				
Burns ..	...	71	17.0%	
Gassing	...	-	-	
Cuts and Sprains and Injuries	...	248	59.0%	
Others .	...	100	24.0%	
Total	419		15.6%	
<u>16 - 21 YEARS -</u>				
Burns ..	...	26	15.0%	
Gassing	...	-	-	
Cuts and Sprains and Injuries	...	100	57.0%	
Others .	...	48	28.0%	
Total	174		6.5%	
<u>22 - 64 YEARS -</u>				
Burns ..	...	118	11.4%	
Gassing	...	3	0.3%	
Cuts and Sprains and Injuries	...	626	60.6%	1
Others .	...	286	27.7%	
Total	1,033		38.5%	1
<u>65 YEARS AND OVER -</u>				
Burns ..	...	16	8.3%	1
Gassing	...	-	-	
Cuts and Sprains and Injuries	...	112	58.0%	5
Others .	...	65	33.7%	12
Total	193		7.1%	18

Accidents in the Home - Treated in Casualty	...	2,315
Referred to Fracture Clinic	...	218
Admitted to Wards .	...	151

Treated in Casualty				Admitted to Wards	Deaths	Referred to Fracture Clinic
0 - 4 YEARS	Burns	138	3			Years
	Gassing	-	-			0 - 4 - 51
	Cuts, Sprains and Injuries	399	11			5 - 15 - 26
	Others	258	5			16 - 21 - 15
5 - 15 YEARS	Burns	68	3			22 - 64 - 94
	Gassing	-	-			Over 65 - 32
	Cuts, Sprains and Injuries	214	9			
	Others	96	3			
16 - 21 YEARS	Burns	26	-			218
	Gassing	-	-			
	Cuts, Sprains and Injuries	85	2			
	Others	42	4			
22 - 64 YEARS	Burns	117	1			
	Gassing	1	2			
	Cuts, Sprains and Injuries	515	20	1		
	Others	244	39			
OVER 65 YEARS	Burns	13	3	1		
	Gassing	-	-			
	Cuts, Sprains and Injuries	60	21	5		
	Others	39	25	12		

TOTAL ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRA INFIRMARY 1965/66

	1965		1966		TOTALS		% OF HOME ACCIDENTS		DEATHS	
	No.	%.	No.	%.	1965	1966	1965	1966	1965	1966
<u>0 - 4 YEARS -</u>										
Burns	136	20.0	141	16.0						
Gassing	Nil.	Nil.	Nil.	Nil.						
Cuts, Sprains and Injuries	299	44.0	459	53.0						
Others	249	36.0	265	31.0	684	865	32.8	32.3	1	
<u>5 - 15 YEARS -</u>										
Burns	54	16.0	71	17.0						
Gassing	Nil.	Nil.	Nil.	Nil.						
Cuts, Sprains and Injuries	193	57.3	248	59.0						
Others	90	26.7	100	24.0	337	419	11.3	15.6		
<u>16 - 21 YEARS -</u>										
Burns	17	10.7	26	15.0						
Gassing	1	0.6	Nil.	Nil.						
Cuts, Sprains and Injuries	88	55.4	100	57.0						
Others	53	33.3	48	28.0	159	174	7.6	6.5		
<u>22 - 64 YEARS -</u>										
Burns	87	10.8	118	11.4						
Gassing	5	0.6	3	0.3						
Cuts, Sprains and Injuries	397	49.2	626	60.6						
Others	318	39.4	286	27.7	807	1033	43.5	38.5	1	1
<u>65 YEARS AND OVER -</u>										
Burns	11	11.0	16	8.3						1
Gassing	2	2.0	Nil.	Nil.						
Cuts, Sprains and Injuries	44	44.0	112	58.0						
Others	43	43.0	65	33.7	100	193	4.8	7.1	1	5

Accidents in the Home - Treated in Casualty
 Referred to Fracture Clinic ..
 Admitted to Wards

1965	1966
1,721	2,315
197	218
169	151
2,087	2,684

REHOUSING IN RELATION TO ILLNESS

The number of applications for rehousing on medical grounds remains high and present the Health Department with a formidable problem. Six hundred and twenty cases were investigated thoroughly in 1966 by visits of medical and nursing personnel and a considered opinion on the advisability of rehousing was given in each instance to the Special Cases Committee.

Details of these cases are given below -

General Medical Cases -

580 considered.	198 granted (34.1%).	382 declined (65.9%)
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Tuberculosis Cases -

40 considered.	20 granted (50%).	20 declined (50%).
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The proportion of cases granted and declined remains fairly constant each year and reflects accurately the great care given to each case by the Special Cases Committee.

The number of cases investigated (620) is lower than that of 1965 (627) but as a great deal of care is given to the preparation of each case, it will be seen that this forms a large and time consuming part of the Department's work.

CONTROL OF ATMOSPHERIC POLLUTION

During 1966 the Secretary of State for Scotland confirmed a further Smoke Control Order. This was the No. 7 Millarston/Castlehead/Brodie Park Smoke Control Order which covered 500 acres and affected 2,205 houses.

There are now seven Smoke Control Orders in operation in Paisley, covering in all a total of 3,775 acres and 14,000 houses. This rate of progress is good and means that the projected complete coverage of the town with Smoke Control Orders is well in hand and should be in operation within the period specified for them. It is to be hoped that neighbouring Authorities discharging atmospheric pollution into the air over Paisley will take steps to abate this pollution at an early date and thereby enable Paisley to have a completely smoke free atmosphere as soon as possible.

PORT HEALTH

During 1966, six ships arrived from foreign ports, 149 from British coastal trade, total 155. None of the foreign arrivals was visited by Port Health Paisley as no Maritime Declarations of Health were received. These were transferred to Port Health, Glasgow.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Special problems arise in connection with the health and treatment of long-stay immigrants to this country and Local Authorities have been asked to give their assistance in the arrangements made for their welfare.

Medical Inspectors at the main seaports obtain from the immigrants their destination addresses and forward these to the Medical Officer of Health of the Local Authority concerned. The Medical Officer of Health then arranges for the new immigrants to be visited so that they may be given general information about the Health Services and be persuaded to get themselves and their dependents registered with a General Medical Practitioner.

In view of the importance of chest illness in immigrants the Health Department arranges for a chest x-ray of all members of the immigrant's family, and should chest abnormality be found arrangements are made for its treatment.

During 1966 four immigrants were dealt with in this fashion. No case of illness was detected in any of these persons.

ANTHRAX

Notification was received by this Department on the 10th November, 1966, that one bullock at the Slaughter House had been found dead from Anthrax. Although contact with the animal had been very slight, attention was focused on this risk at the Abattoir and the Department offered vaccination to the Slaughter House Staff. Ten of the Staff asked for vaccination and these ten were given their first injection before the end of the month. Subsequent injections were carried out to complete the vaccination during 1967.

THE CARE OF THE ELDERLY

The decision to hold Clinics for the elderly was taken in the early part of the year and the first Geriatric Clinic was opened at Ferguslie Clinic on the 2nd June, 1966. The Clinic has been held every Thursday since then and the table below gives figures for the period during which the Clinic has been open.

	Male	Female	Total
First Attendances	5	12	17
Return Attendances	84	183	267
<i>Total Number of Attendances</i>	<i>89</i>	<i>195</i>	<i>284</i>

Selection of Patients -

Patients are usually selected for a specific reason, the most obvious being need and the potential ability to benefit, but not infrequently there may be several reasons. Selection is usually carried out by the Health Visitors but General Practitioners or the Hospital Services may recommend patients and frequently do so.

An assessment of mental and physical health, together with social circumstances, is desirable before selection, but it is not essential as this assessment can be fairly easily carried out during attendance at the Clinic. The personality of the patient is important as some elderly people are capable of making others feel insecure and unhappy. This is one reason why the Health Visitor is the best person to carry out the selection process as she will observe the patient in his own surroundings before asking him to attend at the Clinic. So far no patient has been rejected on grounds of personality difficulty.

Patient's physical ability -

The patient must be able to attend the Clinic either by himself or with a degree of assistance. This means that the physical capacity must not be too limited. Several old people would have been asked to attend the Clinic if they had not been severely disabled but as they usually live up several flights of stairs they offer more difficulties of transport than we are at present equipped to handle.

Mental State -

Mental aberrations have not so far offered an insurmountable problem of selection. Indeed many elderly people with confusional states have benefited from their integration into a social group. With attention to diet and with care and attention many of their aberrations have either disappeared or become less obvious. It is proposed to introduce special clinics for the truly mentally disturbed elderly patient and these will be separate from the Geriatric Clinics.

Transfer of information -

The arrangement in the Clinics is that one person is responsible and is aware of all the changes taking place both in the patient's condition and in their home. This is done by observation, consultation with General Practitioners, Hospital Departments and Consultants. It is a joint effort and a weekly report sheet is produced with copies available to all those directly concerned with the Clinic. Where necessary, information relating to a specific patient is forwarded to that patient's General Practitioner and all questions of treatment are placed before the General Practitioner for decision.

Facilities at Clinic -

On first arrival at the Clinic and at regular intervals thereafter there is a full medical examination by a Medical Officer. This includes an examination of the blood and urine and the findings are communicated to the General Practitioners concerned, who may prescribe the necessary treatment. Specialist examinations are referred to the appropriate Specialists. If necessary, arrangements are made to transport the elderly person to the Specialist for the examination and for the return journey home.

A dental examination is carried out of all new patients and repeated as necessary. The patients are then referred to their own Dentists for treatment and costs are usually arranged by the Dentists via the Ministry of Social Security.

Chiropody is available at all times by the Clinic Chiropodist who makes an appointment for the elderly person. The time is arranged so that it will coincide with the elderly patient's attendance at the Clinic. No charge is made for this examination and treatment.

The Dietitian is in attendance at each Clinic and gives advice on nutrition. She may arrange the patient's lunch and supply vitamin supplements.

A lunch is provided free to persons attending the Clinic and this has proved to be a most popular arrangement and one which has had obvious beneficial effects for the elderly people.

Transport is provided to and from the Clinics by the Health Department's minibus if a patient is not able to walk the short distance involved, but many of the old people are reasonably fit and like to make the effort of walking. Transport is very time consuming as not only must a Health Visitor accompany the driver to assist patients in and out of the bus, but at a house where the patient cannot come there is usually some difficulty to be dealt with, advice to be given, arrangements made for a General Practitioner to call or a relative informed etc. On the return journey from the Clinic many elderly persons are taken to the Post Office for pensions, left at relatives' houses or perhaps taken to a hospital for treatment. These are all things which they could not normally arrange by themselves and therefore they benefit accordingly.

Social difficulties are dealt with in the Clinic but it has been found in practice that they are best dealt with in the patient's own home. The Health Visitor is usually the Social Worker involved but a specialist worker may be necessary from time to time.

In addition there is a variety of other benefits available to the elderly person at this Clinic. Occupational therapy is provided and a small amount of health education is carried out. It is proposed to introduce Physiotherapy.

Recreational facilities -

As part of the general arrangements, visits to local Parks and other places of entertainment are arranged dependent on the weather. These are very popular and are much appreciated.

Benefits to relations -

The benefits of this Clinic are not only noticed in the old persons themselves but in all who have to deal with them. Many elderly people live with younger members of the family causing strain on them and a day in the Clinic for the old person benefits both parties directly and indirectly.

DEATHS FROM LUNG CANCER

The deaths from lung cancer unfortunately continue to increase although a great deal of effort is made to discourage people from smoking. The majority of deaths occur in the older age groups, and this is understandable as the disease process takes a long time to show itself.

As part of the effort made to discourage smoking a Smokers' Clinic was held in Paisley in 1965 and proved very successful. In order to assess the long term results of this Clinic a follow-up was made in 1966 and subsequent follow-ups will be made at regular intervals to see how people are progressing and whether their health is maintained.

DEATHS FROM LUNG CANCER

Year	Number of Deaths (resident in Burgh)			20 - 30 years	30 - 40 years	40 - 50 years	50 - 60 years	60 years and upwards
1957	39	Males ...	34	-	1	3	5	25
		Females ...	5	-	1	1	1	2
1958	46	Males ...	41	-	1	6	12	22
		Females ...	5	1	-	1	-	3
1959	52	Males ...	43	-	-	5	10	28
		Females ...	9	-	-	2	1	6
1960	46	Males ...	38	-	1	-	13	24
		Females ...	8	-	-	1	2	5
1961	56	Males ...	47	-	-	5	16	26
		Females ...	9	-	-	2	1	6
1962	59	Males ...	57	2	2	5	17	31
		Females ...	2	-	-	1	1	-
1963	39	Males ...	31	-	1	3	14	13
		Females ...	8	1	-	-	3	4
1964	51	Males ...	47	-	2	5	14	26
		Females ...	4	-	-	-	-	4
1965	69	Males ...	62	-	1	9	23	29
		Females ...	7	-	-	1	3	3
<u>Age Groups as in Registrar General's Return</u>				25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 years and upwards
1966	74	Males ...	60	-	2	6	26	26
		Females ...	14	-	-	1	5	8

CIVIL DEFENCE

The routine work of the Civil Defence First Aid Section was carried out during 1966. In addition twenty-four lectures were given by a specially trained Health Visitor to members of the Home Help Service. The subject of the course of lectures was 'Home Nursing in Civil Defence'.

The course had a wide field ranging from simple nursing procedures and the administration of drugs, to the appropriate diet in radiation sickness. Each lecture was of two hours duration and the classes were restricted to a maximum of six persons. This afforded ample opportunity for practical application as well as theory.

The basis of the course was the training of selected Home Helps in simple nursing procedures which they could effectively carry out during an emergency period.

A total of thirty persons took the full course of lectures.

The following article appeared in 'The Medical Officer' and is reproduced by courtesy of the Journal.

A SMOKERS' CLINIC FOLLOW-UP

By Kennedy Campbell, M.A., M.D., LL.B., D.P.H., L.M.

Medical Officer of Health, and

W.J. Spalding, S.R.N., R.M.N., B.T.A., Health Visiting Cert.

Male Health Visitor, Burgh of Paisley.

Most Smokers' Clinics have not had an opportunity to carry out a comprehensive follow-up of their work and there is thus a scarcity of material on which to base an assessment of their value. A Smokers' Clinic was held as an experiment in Paisley during February, 1965 (Campbell). It appeared that a substantial amount of immediate success had been obtained in helping people to stop smoking but that further follow-ups would be required to assess the clinic's lasting value. The following report gives details of a follow-up survey in July, 1966, which has paid attention to both the physical and psychological factors in smoking.

Seventy-three persons attended the Smokers' Clinic and the first survey was conducted on 70, three persons having left the area and not being traceable. The survey now described was carried out by questionnaires and personal interviews on 59 people, 11 others having left the district, some without forwarding addresses.

The 59 persons were grouped into three categories: (a) those who had stopped smoking completely; (b) those who had stopped partially or who had a lowered consumption of tobacco; and (c) those who had failed to stop.

In category (a) there were 10 persons, approximately 16 per cent; in (b) 23, approximately 38 per cent; and in (c) 26, approximately 44 per cent. Thus, out of 59 persons, 33 had achieved either a complete or a limited success due to the Clinic (54 per cent) and 26 had failed to respond (44 per cent).

GROUP A - THOSE WHO HAD STOPPED SMOKING COMPLETELY -

Eight men and two women. Five of the men gained in weight and had an increased appetite and five felt an improvement in their respiratory capacity as indicated by relief of catarrh and cough. The sense of taste was improved in one man.

The age groups were as follows -

						Men	Women
Age	30 - 40	...	...	...	...	1	1
	40 - 50	...	...	...	...	2	-
	50 - 60	...	...	...	...	4	1
	60 +	...	...	...	...	1	-

The time which elapsed before cessation of smoking was as follows -

					<u>Men</u>	<u>Women</u>
Immediately	...	...	...	...	2	-
1 - 2 weeks	...	...	...	...	3	-
3 - 6 months	...	...	...	...	2	2
18 months	...	...	...	...	1	-

None of these persons found that giving up the habit presented any real difficulty, although one woman feels that she has to be careful when in company and offered cigarettes. It does appear that the members of this group had a degree of character which enabled them to supplement the Clinic advice.

Only one man and one woman admitted to gaining financially in any degree, and this factor does not seem to be of any importance in the minds of most people. Four men felt less concerned about their health and it was noticeable that these men were suffering from coronary thrombosis, bronchitis and emphysema, hypertension, and gastric ulcer respectively, all illnesses associated to a certain extent with cigarette smoking.

The disadvantages felt by this group were few. Four men felt that their gain in weight might prove a problem in the future and they will require dietetic advice. One man had repeated dreams in which he felt he was smoking and when he wakened he felt guilty, but it has not deterred him from remaining a non-smoker.

GROUP B - THOSE WHO HAVE STOPPED SMOKING PARTIALLY -

There were 23 people in this group, 18 men and five women, and all but three of these had tried in some degree to stop smoking completely.

<u>Age Group</u>					<u>Men</u>	<u>Women</u>
25 - 40	...	...	...	...	7	1
40 - 50	...	...	...	...	5	2
50 - 60	...	...	...	...	3	2
60 - 67	...	...	...	...	3	-

The times before returning to the smoking habit were -

					<u>Men</u>	<u>Women</u>
3 - 6 weeks	...	...	...	...	2	2
7 - 12 weeks	...	...	...	...	5	1
3 - 6 months	...	...	...	...	5	-
7 - 12 months	...	...	...	...	4	1

The reasons given why this group found giving up smoking difficult were many and various, and on the whole the women gave more direct answers, the men tending to feel guilty.

The reasons given were -

(1) *Social pressure.* Seven men, two women. This group included the insistence of friends or relatives in offering cigarettes, the insidious effect of social

occasions, and the relaxed vigilance when on holiday, coupled with cheap cigarettes while abroad.

(2) *Strength of habit.* Four men, three women. In this group there tended to be a history of several previous attempts to stop, and also several attempts since the Clinic.

(3) *Emotional reasons.* Five men. Boredom was the chief of these, especially where the person was retired or lived alone. Other reasons included anxiety, insomnia, irritability, and mainly just lack of willpower. One man developed symptoms of dizziness and dyspepsia which disappeared when he took up smoking 4 months later.

(4) *Physical reasons.* One man stated he was overweight and started smoking because of this.

(5) *No reason given.* One man.

<u>Amount smoked daily -</u>					<u>Men</u>	<u>Women</u>
0 - 5 cigarettes	...	...	...	...	1	-
5 - 10 do.	...	...	...	...	4	4
10 - 20 do.	...	...	...	...	8	1
20 - 30 do.	...	...	...	...	2	-
40 do.	...	...	...	...	1	-
¼ oz. tobacco	...	...	...	...	2	-

GROUP C - THOSE WHO FAILED TO STOP -

There were 26 in this group (14 men and 12 women).

<u>Time before returning to habit -</u>					<u>Men</u>	<u>Women</u>
Immediately	...	...	...	...	2	5
0 - 2 weeks	...	...	...	...	7	3
3 - 6 weeks	...	...	...	...	2	2
2 - 3 months	...	...	...	...	2	2
3 - 5 months	...	...	...	...	1	-

Age Group -

20 - 30	...	...	...	...	2	1
30 - 40	...	...	...	...	1	7
40 - 50	...	...	...	...	3	3
50 - 60	...	...	...	...	5	1
60 +	...	...	...	...	3	-

Amount smoked daily -

10 - 20 cigarettes	...	...	...	...	10	10
20 - 30 do.	...	...	...	...	4	2

Reasons given for failing to give up smoking were substantially those given by persons in Group B.

Some of these people had tried a variety of techniques and two felt that the regime advocated by the Clinic was unrealistic and too difficult for mothers of young

children. One woman reverted to smoking under the stress of caring for her handicapped child, and another said she felt the need of a substitute but did not specify what the cigarette was a substitute for.

CONCLUSION

What then can be said about the value of this particular Smokers' Clinic? Firstly, that considering the strength of the addiction habit of tobacco, a substantial number of people stopped smoking for a considerable period, more so than might have been expected at the beginning of the Clinic. Secondly, that a strong impact was made on the smoking habits of the majority of the people who attended the Clinic, resulting in a stoppage of smoking for a limited period followed by a reduction in the amount of tobacco smoked. Thirdly, that there is, as might have been expected in every group, a hard core of persons who completely failed to break themselves of this habit. It is this latter group who might well repay future attention and who might be helped to overcome their difficulties either by means of a Smokers' Clinic or by some other form of community effort.

The following article appeared in 'The Medical Officer' and is reproduced by courtesy of the Journal.

AN ASSESSMENT OF AN IRON-VITAMIN COMPOUND TABLET IN PREGNANCY

By Sheila M. O'Neill, M.B., Ch.B.,

Assistant Medical Officer of Health, Burgh of Paisley

For some time now it has been found difficult in practice to maintain a satisfactory haemoglobin level in certain ante-natal patients with the usual compound iron-vitamin tablets. Most of these preparations appear to contain insufficient iron for this purpose. These observations led me to seek a more suitable preparation. I thought Gastrovite which had been designed for just this purpose in post-gastrectomy patients might be a more efficient preparation and consequently subjected it to a control test.

In April, 1964, I embarked on this investigation using Gastrovite tablets as the iron-vitamin supplement for the ante-natal patients attending my clinic at the Russell Institute Local Authority Ante-Natal Clinic in Paisley Burgh. Gastrovite is the commercial name for tablets composed of -

Ferrous glycine sulphate	...	225 mg.	(equivalent of 40 mg. ferrous iron)
Ascorbic acid	...	15 mg.	
Vitamin D	...	200 u.	
Calcium gluconate	...	100 mg.	

The aim of the investigation was threefold - (1) to determine whether or not this compound tablet contained sufficient iron to prevent the development of anaemia during pregnancy; (2) to assess the severity of side effects due to the consumption of these compound tablets; and (3) to compare each of the above factors with patients receiving a purely iron preparation.

Selection of Patients -

All the women attending the ante-natal clinic for the first time between the 12th and 20th week of pregnancy were started on a course of Gastrovite, one tablet thrice daily, thus ensuring that these patients received Gastrovite tablets for a period of 16-24 weeks.

If, however, their initial Hb. was below 10 gm per cent. they were referred to Thornhill Maternity Hospital for further investigation or a course of parenteral iron and excluded from the series, as this is the policy irrespective of which iron preparation we use in the clinic.

A number of other patients were excluded from the series as they failed to pay more than one or two visits for ante-natal care. The selection of the group of patients receiving simple iron tablets was the same as the above except that these patients attended my colleague's ante-natal clinic.

Haemoglobin Estimation -

The efficiency of the tablet in preventing anaemia was assessed by calculating the Hb. level at the beginning of pregnancy and comparing it with the Hb. level at the 36th week of pregnancy.

On the patient's first visit a sample of venous blood was withdrawn and the cyanmethaemoglobin calculated using an EEL photometer at the Paisley Royal Alexandra Infirmary Haematology Laboratory.

If the Hb. was below 11 gm. per cent the PCVMCHC and film reports were also provided.

At the 36th week of pregnancy the Hb. was again calculated on venous blood withdrawn when the patient attended Thornhill Maternity Hospital ante-natal clinic and it was then sent to the Royal Alexandra Infirmary. Both the initial and 36th week Hb. were estimated at the same laboratory on the same apparatus and by the same process.

Information from Patients -

All patients were questioned about previous anaemia, its nature and treatment and also difficulties taking iron tablets or tablets generally in the past.

It was ascertained from each patient that they were taking only Gastrovite and no other iron or vitamin tablets from their own doctor.

Each patient was asked to state honestly whether she did or did not take the tablets regularly one three times daily and secondly to disclose any difficulties she experienced, no matter how trivial she felt they were, but which she felt were due to taking the tablets.

RESULTS

The total number of patients involved in the entire series was 300, 150 receiving Gastrovite tablets and 150 receiving simple iron tablets. The majority of those receiving the simple iron tablet were in fact taking the preparation provided by the health department. The minority were taking simple iron tablets provided by their own general practitioner. All of these simple iron preparations provided by the GPs contained practically the same amount of ferrous iron as the Gastrovite preparation. The simple iron preparation provided by the local authority contained exactly the same amount of iron in the same form as Gastrovite.

Since it has been shown that the Hb. level between the beginning and end of pregnancy shows a drop due to haemodilution alone, all patients showing a rise of Hb. or the same Hb. level were grouped together in the Group termed 'rise'. All the patients showing any drop of Hb. between the first and 36th week estimations were placed in the Group termed 'fall'.

No other allowance has been made for haemodilution, therefore the efficacy of these tablets is probably slightly underestimated.

Tables I and II show the results side by side for the patients in the Gastrovite series and in the Control Series.

TABLE I

The percentage of women showing a rise or fall of Hb. level at the 36th week of pregnancy

	<u>Gastrovite Series</u>	<u>Control Series</u>
Number of women showing a rise of Hb. level at the 36th week of pregnancy	81	68
Number of women showing the same Hb. level at the 36th week of pregnancy	10	13
Total number in this 'rise' group	91	81
% of women showing a rise of Hb. between the initial Hb. level and level of Hb. at the 36th week of pregnancy	60.66%	54%
Number of women showing a fall of Hb. level at the 36th week of pregnancy	59	69
The % of women showing a fall of Hb. between the initial Hb. level and level of Hb. at the 36th week of pregnancy	39.33%	46%

TABLE II

Side Effects in General

	<u>Gastrovite Series</u>	<u>Control Series</u>
Total Number of women complaining of side effects	23	28
% of women complaining of side effects	15.3%	18.6%
Number of women in the group showing a rise of Hb. at 36th week of pregnancy and complaining of side effects	10	6
% of women in the group showing a rise of Hb. at 36th week of pregnancy and complaining of side effects	10.9%	7.4%
Number of women in the group showing a fall of Hb. at the 36th week of pregnancy and complaining of side effects	13	22
% of women in the group showing a fall of Hb. at 36th week of pregnancy and complaining of side effects	22%	31.8%

Tables III and IV show the side effects which occurred in those patients receiving Gastrovite tablets and simple iron tablets.

TABLE III

Side effects occurring in women showing a rise of Hb. at the 36th week of pregnancy

	Number of women in the Gastrovite group	Number of women in the Simple iron group
Constipation	4	4
Constipation and vomiting .. .	1	-
Vomiting	4	2
Diarrhoea	1	-

In the above group of patients all of these symptoms were alleviated by dietary measures, mild laxatives or decreasing the dosage of the tablets for varying periods but none of these patients completely discontinued their maintenance therapy.

TABLE IV

Side effects occurring in the women showing a fall of Hb. level at the 36th week of pregnancy

	Number of women in the Gastrovite group	Number of women in the Simple iron group
Constipation	3	13
Constipation and vomiting .. .	2	2
Vomiting	3	7
Diarrhoea	3	-
Diarrhoea and vomiting	1	-
Dizziness	1	-

Dietary measures, mild laxative, antiemetics and decrease of dosage were all advised. These measures alleviated the symptoms in most of these patients, but despite that the majority admitted they frequently did not take any tablets for varying periods of time as they felt generally better without them.

I cannot provide a reason for the wide difference in the number of women experiencing constipation while taking simple iron tablets as opposed to Gastrovite tablets apart from simply the nature of the tablets.

There is also a fairly marked difference in the two groups between the number of women complaining of vomiting. Two of the women receiving simple iron tablets suffered nausea and vomiting unrelated to the consumption of the tablets. One of these women felt the tablets intensified her symptoms and consequently stopped taking them. The other woman stated that the tablets did not affect her symptoms but that despite this she did not take the tablets regularly. Table V shows the numbers of women who did not take the prescribed tablets although these caused no symptoms.

TABLE V

Number of women who admitted they did not take the prescribed tablets although these caused no symptoms (percentages in brackets)

<u>Gastrovite Series</u>	<u>Control Series</u>
23 (15.3)	22 (14.6)

This table shows that the number of patients who simply do not take the prescribed tablets is almost equal to the number of patients who have to discontinue therapy because of side effects.

Appearance of Anaemia in this Investigation at the 36th week of Pregnancy -

The number of women in both groups who had a Hb. level below 10 gm. per cent at the 36th week of pregnancy was 14, or 4.66 per cent of the women in the series.

Of these 14 the number in the Gastrovite series was five, and the number in the control series was nine.

An Analysis of Anaemia for Each Group -

(1) Patients receiving Gastrovite -

The lowest Hb. recorded at the 36th week of pregnancy was 8.5 gm. per cent. This occurred in a woman who had no difficulty taking the tablets but who freely admitted that she took them very infrequently as she forgot about them. Three women had a drop of Hb. to 9.7 gm. per cent. One of these patients stated that she took the tablets regularly. Two patients experienced diarrhoea when they took the tablets and consequently they decreased the dosage and intermittently did not take any. One woman had a drop of Hb. to 9.9 gm. per cent and she again admitted she only took the tablets spasmodically as she forgot about them.

(2) Patients receiving simple iron tablets -

The lowest Hb. recorded at the 36th week of pregnancy was 8.9 gm. per cent. This occurred in the patient who had persistent nausea and vomiting and who did not take the iron prescribed because she felt they intensified her symptoms. Two patients' Hb. fell to 9.3 gm. per cent at the 36th week of pregnancy. One stated she took the tablets regularly; the other complained of vomiting caused by the tablets and hence took them infrequently. One patient's Hb. fell to 9.8 gm. per cent at the 36th week of pregnancy. She again admitted to being spasmodic about taking the tablets as they caused vomiting.

Five patients' Hb. fell to 9.9 gm. per cent at the 36th week of pregnancy. One of these complained of vomiting and took tablets infrequently and decreased dosage.

One complained tablets caused vomiting and constipation and again did not take the tablets regularly.

Three women complained of constipation and, although laxatives and dietary measures alleviated the symptoms, they did not take the tablets regularly.

COMPARISON OF RESULTS

The group of women receiving Gastrovite tablets as maintenance therapy during pregnancy showed a slightly higher percentage (6 per cent higher) of improvement in Hb. level at the 36th week and a slightly lower percentage (3 per cent lower) of intolerance than the group receiving the simple iron tablets. Only 4.6 per cent of the entire two groups had developed anaemia at the 36th week of pregnancy and in each case these patients did not take the prescribed dosage either because of side effects or forgetting to take the tablet. Of the entire group 1.7 per cent showing anaemia was in the group receiving Gastrovite; 2.9 per cent of the entire group showing anaemia were amongst those receiving tablets containing iron alone.

CONCLUSION

The foregoing results show that both the compound iron preparation and the simple iron preparation contain sufficient iron in a suitable form for absorption to prevent the development of anaemia. The incidence of intolerance was slightly lower in the group receiving the compound tablet, but the difference here only permits one to state that in this respect the compound tablet is as good as the simple iron tablet. However, when one considers that the compound tablet, Gastrovite, contains ascorbic acid, Vitamin D, and calcium gluconate in addition to iron one must admit it is a better preparation than a simple iron tablet to prescribe during pregnancy for maintenance therapy.

SUMMARY

The purpose of this investigation was to determine if Gastrovite tablets originally designed for maintenance therapy in post-gastrectomy patients would maintain a suitable Hb. level and be sufficiently well tolerated for routine use during pregnancy.

Gastrovite was selected because it contained more iron than the usual compound iron tablets prescribed for maintenance therapy during pregnancy.

Two groups of ante-natal patients, 150 in each group, were investigated. One group received the iron compound tablet, Gastrovite, and the other received a simple iron tablet as maintenance therapy during pregnancy.

The results show that in both of these aspects Gastrovite was certainly as good as the simple iron preparation. The difference however in the percentage of improvement in Hb. and in the occurrence of side effects between these two preparations was not sufficient to state that Gastrovite was the superior drug.

If one however takes into consideration that Gastrovite contains ascorbic acid, vitamin D, and calcium gluconates in addition to iron one must admit it is a better preparation for routine use during pregnancy.

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